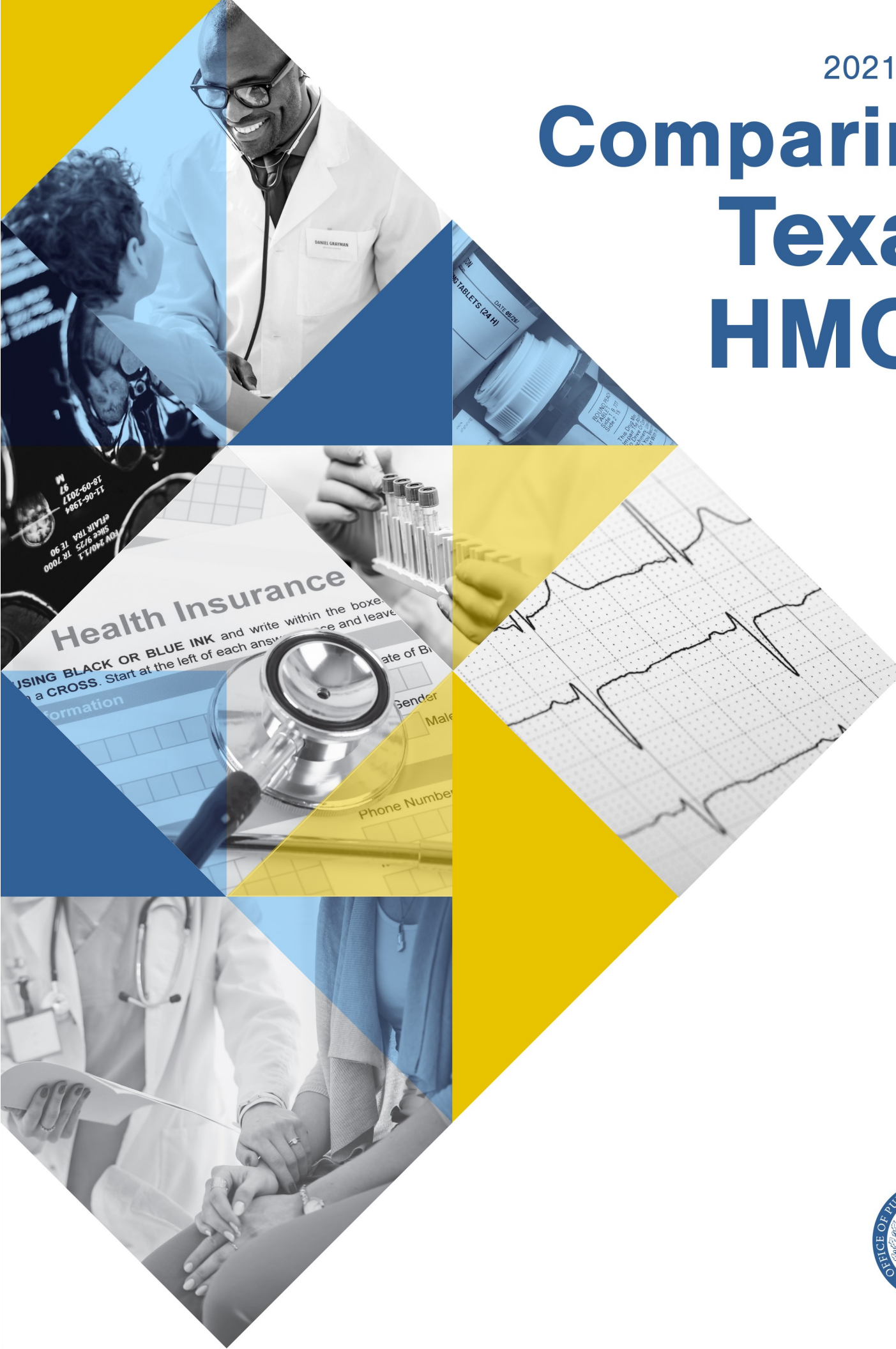



2021-2022

# Comparing Texas HMOs



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# Section 1

*Background*

# About the Report

The Office of Public Insurance Counsel (OPIC) is an independent state agency established by the Texas Legislature to represent the interests of consumers in insurance matters. In 1997, the 75th Texas Legislature directed OPIC to issue annual reports comparing Health Maintenance Organizations (HMOs) in Texas. *Comparing Texas HMOs 2021-2022* reflects the experience of Texans enrolled in HMOs during 2020 by presenting the results of the Consumer Assessment of Healthcare Providers and Systems, Version 5.0H (CAHPS® 5.0H)<sup>1</sup>, by company. In this report, an HMO may be exempt from participation in the survey due to low enrollment or limited participation in the Texas commercial HMO market during 2020. The National Committee for Quality Assurance (NCQA) requires 100 responses to report survey results. OPIC has opted to report data based on 30 or more responses to provide consumers with greater access to data to compare HMOs.

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## About HMOs

HMOs are managed care plans that provide health care services to members through networks of doctors, hospitals, and other health care providers. As an HMO member, you must select a primary care physician who oversees your medical care and refers you to specialists. HMOs require members to pay a set copayment for covered services within the network. The table on page 8 provides more information on HMOs and compares HMOs to other types of health plans.

.....

## How to Use the Report

When you select an HMO, you are not only choosing health plan benefits, but also the network of doctors, hospitals, and other providers who deliver your care, as well as the administrators who review and approve recommended care. While information on service area, benefits, cost, and available providers can be obtained from the HMOs, it can be difficult for consumers to find out how other Texans reviewed their HMOs. *Comparing Texas HMOs 2021-2022* provides this consumer satisfaction data to help you objectively compare the different HMOs in Texas.

<sup>1</sup> CAHPS® - CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# Choosing an HMO

When you choose an HMO, you will want to compare similar plans with similar coverages. This section lists a few points of comparison to consider.

## Service-Area Availability

HMOs cover specific service areas. Review the HMOs' membership information to find one with a service area close to where you live or work.

## Benefits

Individuals use different services based on medical conditions, age, and family needs. Review HMO benefit information for coverage of medications or services that you use. You may need to contact the HMOs to get your questions answered.

## Provider Availability

Some consumers find it important to receive care from specific doctors or hospitals. Review provider directories for information on network providers.

## Affordability

Your total health care costs will include your premiums, as well as other out-of-pocket costs such as deductibles, coinsurance, and copayments. To compare affordability, estimate your annual health care needs and calculate the total out-of-pocket cost you would pay with each HMO.

## Consumer Satisfaction

The survey data in this report provides an aggregate look at consumer satisfaction for members currently enrolled in HMOs. Review the information in this report to find out how people rated the quality of the HMOs that you are considering.

---

## Your Rights as a Consumer

An HMO must provide you with certain information. This includes:

- covered services
- exclusions and limitations
- prior authorization requirements
- continuity of treatment
- approved prescription drugs
- complaint resolution
- the HMO's toll-free telephone number

You have the right to certain consumer protections under federal and state law. Visit our website, [www.opic.texas.gov](http://www.opic.texas.gov), for more information.

# Health Plan Types

	Network	Limits	Payments	Balances	Incentives
	Is the network open or closed?	Are there limits on choice of doctors, hospitals or specialists?	How do the plans and consumers share costs?	Is the consumer responsible for remaining balances?	Is there an incentive to use network providers?
<b>Health Maintenance Organization (HMO)</b>	<b>Closed</b> - consumers must use network doctors, hospitals, and specialists except in limited circumstances, such as emergencies.	Typically require consumers to choose a primary care physician (PCP) from the HMO's network. With some exceptions, consumers must obtain a referral from the PCP before seeing other doctors in the network.	Consumers pay designated copays for covered services when using the HMO network. Some HMOs require consumers to meet a deductible before paying for services. Consumers don't usually pay coinsurance.	A network provider cannot bill a consumer for any remaining balance after the consumer meets their copay.	Out-of-network services are not covered in a closed network.
<b>HMO with Point-of-Service (HMO/POS)</b>	<b>Open</b> - consumers may use in-network providers or out-of-network doctors, hospitals, and specialists.	Typically require consumers to choose a PCP and obtain a referral from the PCP before seeing other doctors in the network.	Consumers pay designated copays for covered services when using the HMO network. Some HMOs require consumers to meet a deductible before paying for services.	Consumers are responsible for any remaining balance when using out-of-network providers.	Typically reimburse a higher percentage of the cost when using in-network providers.
<b>Preferred Provider Organization (PPO)</b>	<b>Open</b> - consumers may use in-network providers or out-of-network doctors, hospitals, and specialists.	Many PPOs permit consumers to see any network doctor without a referral. Some PPOs require consumers to choose a PCP and obtain a referral from the PCP before seeing other doctors in the network.	Consumers typically pay a copay for covered services when using the PPO network. Consumers must also pay a percentage of the total cost of the service.	Consumers are responsible for any remaining balance when using out-of-network providers.	Typically reimburse a higher percentage of the cost when using in-network providers.
<b>Exclusive Provider Organization (EPO)</b>	<b>Closed</b> - consumers must use network doctors, hospitals, and specialists except in limited circumstances, such as emergencies.	Some EPOs permit consumers to see any network doctor without a referral.	Consumers must pay copays or coinsurance for covered services when using the EPO network. Many EPO plans require consumers to meet a deductible before paying for services.	Consumers pay the entire cost of out-of-network services.	Out-of-network services are not covered in a closed network.





## **Section 2**

*Survey Results by Company*

# How to Read Survey Results

Percentage who answered **6 or lower**

Percentage who answered **7 or 8**

Percentage who answered **9 or 10**

## How people rated their HMO

Respondents were asked to rate their HMO on a scale from 0 to 10, with 0 being the worst health plan possible and 10 being the best health plan possible.

## How people rated their health care

Respondents were asked to rate their health care on a scale from 0 to 10, with 0 being the worst health care possible and 10 being the best health care possible.

## How people rated their personal doctors

Respondents were asked to rate their personal doctors on a scale from 0 to 10, with 0 being the worst personal doctor possible and 10 being the best personal doctor possible.

## How people rated their specialists

Respondents were asked to rate their medical specialists on a scale from 0 to 10, with 0 being the worst specialist possible and 10 being the best specialist possible.

Percentage who answered  
**sometimes or never**

Percentage who answered **usually**

Percentage who answered **always**

## Getting needed care

Respondents were asked how often it was easy for them to get appointments with specialists or to get the care, tests, or treatment they needed through their health plan.

## Getting care quickly

Respondents were asked how often they received care quickly when they needed care right away, or how often they had an appointment scheduled quickly when they did not need care right away.

## How well doctors communicate

Respondents were asked how often their personal doctors explained things in a way that was easy for them to understand, listened to them carefully, showed respect for what they had to say, or spent enough time with them.

## Handling of claims quickly and correctly

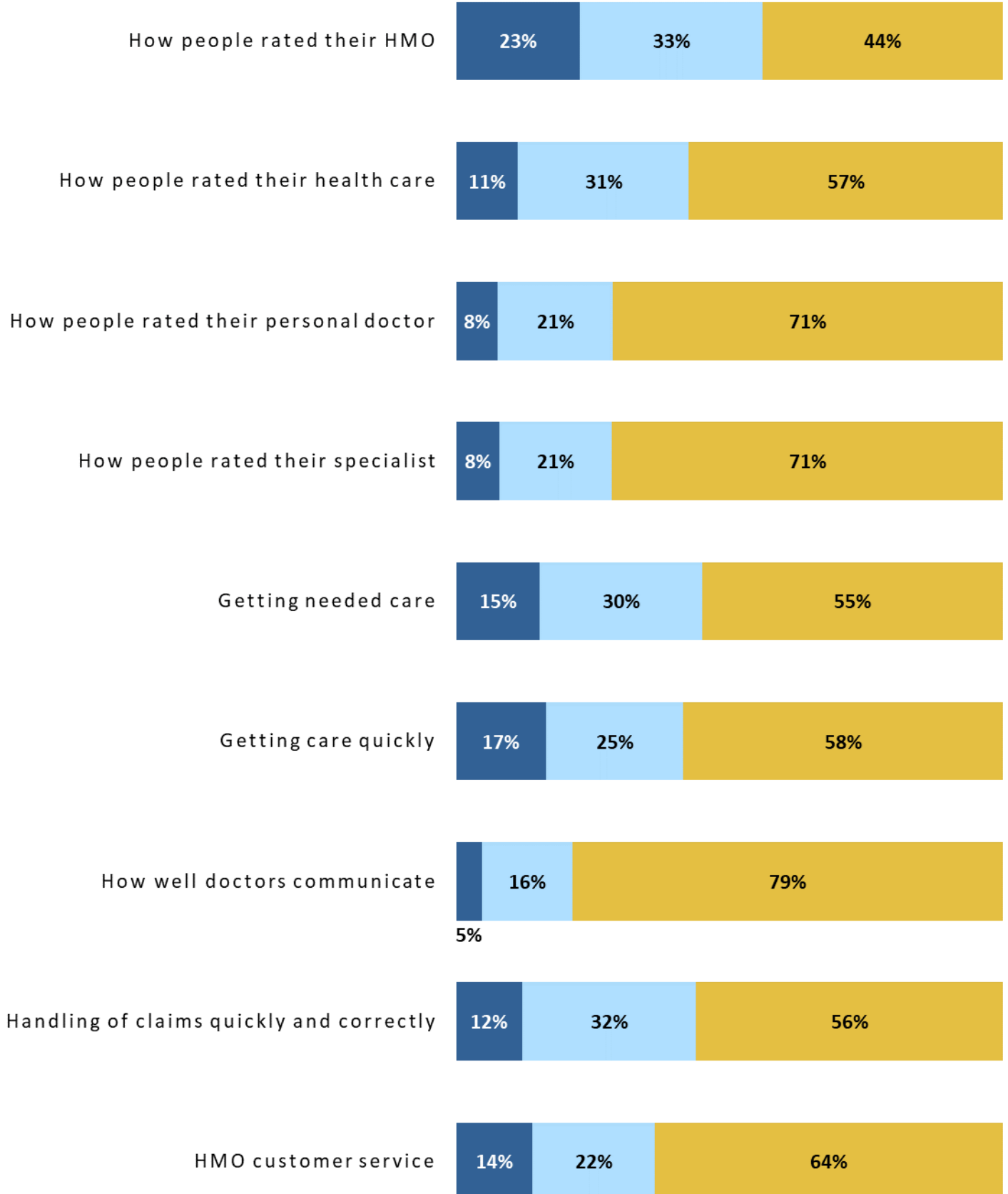
Respondents were asked how often their health plans handled claims quickly and correctly.

## HMO customer service

Respondents were asked how often they received the information or help they needed from their health plan's customer service, and how often their health plan's customer service staff treated them with courtesy and respect.

## State Average

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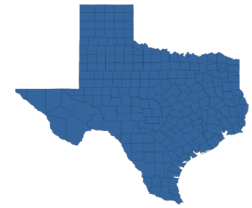


# Aetna Health, Inc.

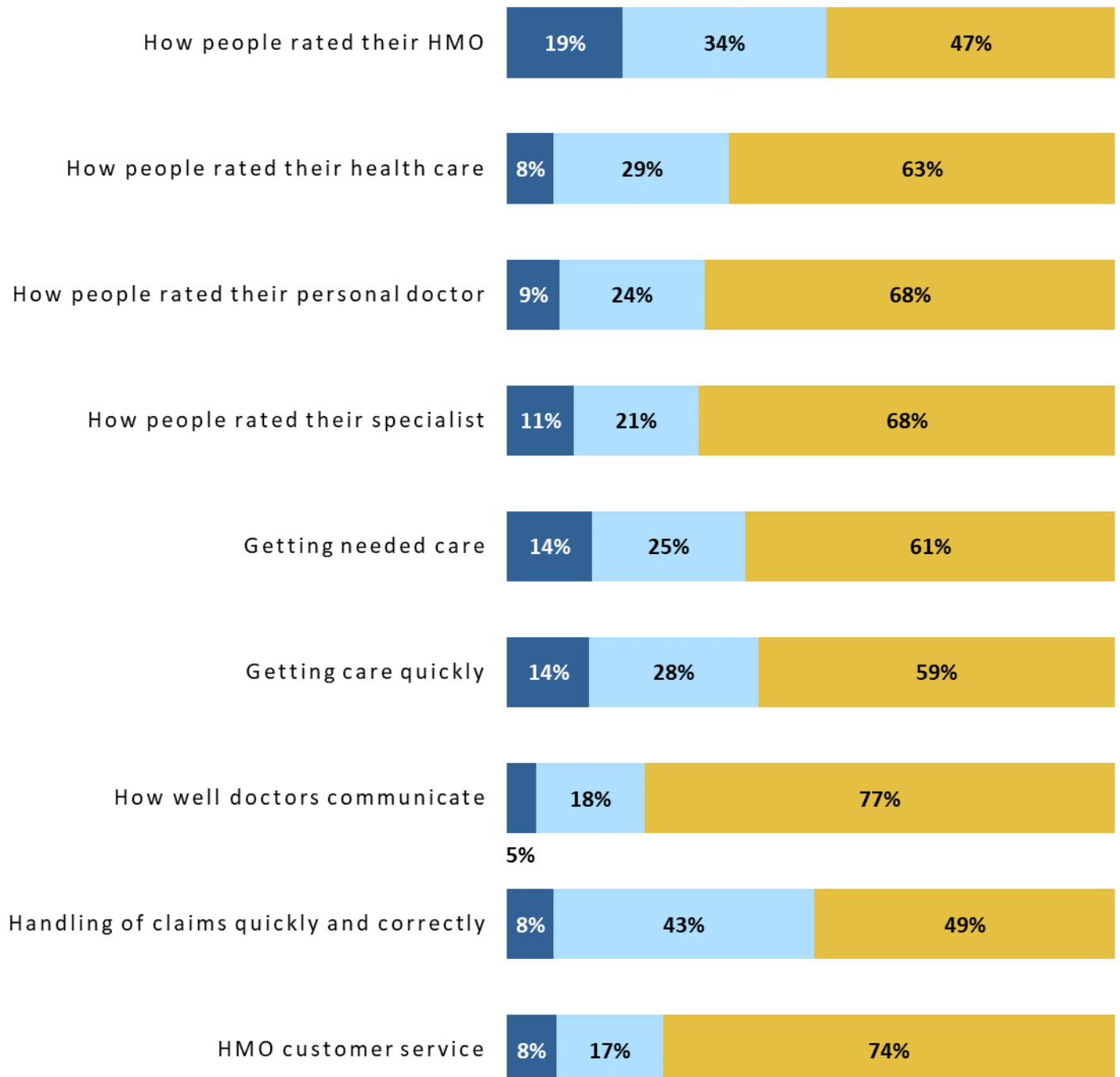
Customer Service Contact: (800)-872-3862 | [www.aetna.com](http://www.aetna.com)

Enrollment:

Consumer Response Rate: 9.64%



## Consumer Satisfaction

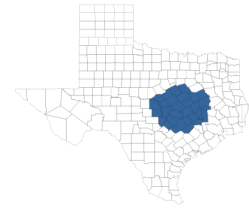


# BlueCross BlueShield (Austin)

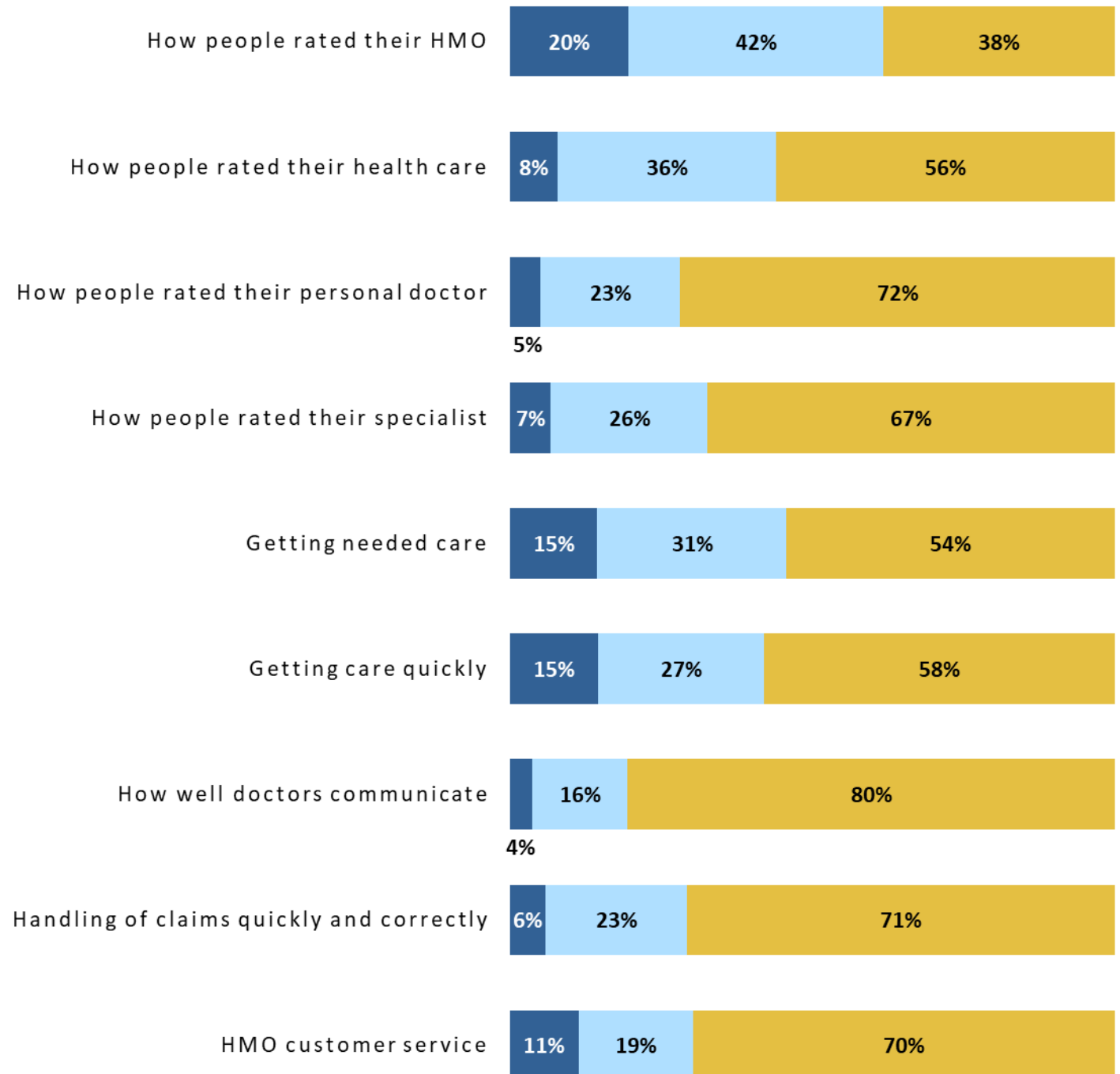
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 7.73%



## Consumer Satisfaction

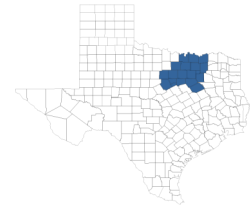


# BlueCross BlueShield (Dallas)

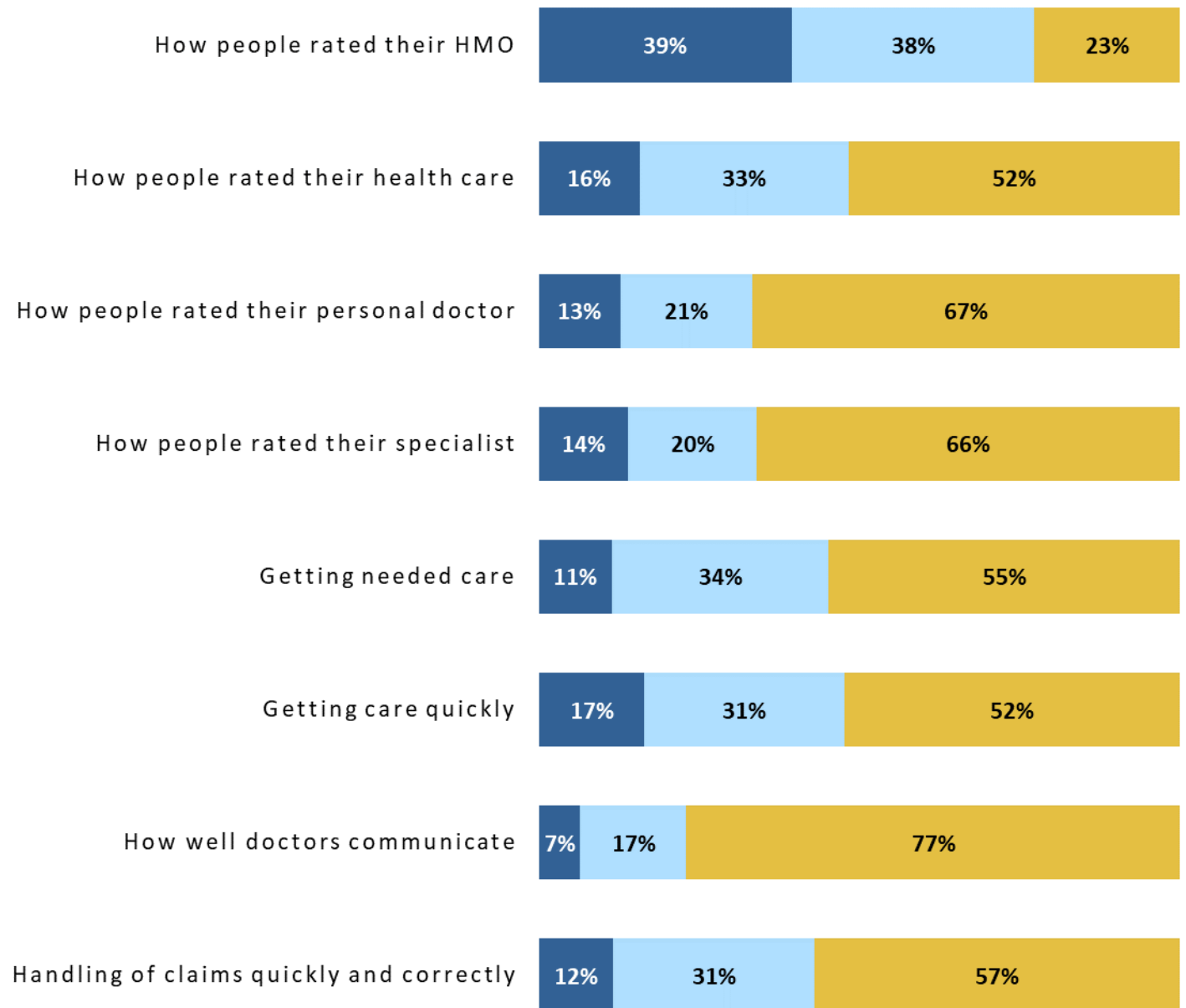
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 8.75%



## Consumer Satisfaction



HMO customer service

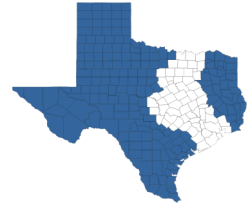
*Did not receive the minimum responses needed to obtain a reportable response*

# BlueCross BlueShield (East/South/West)

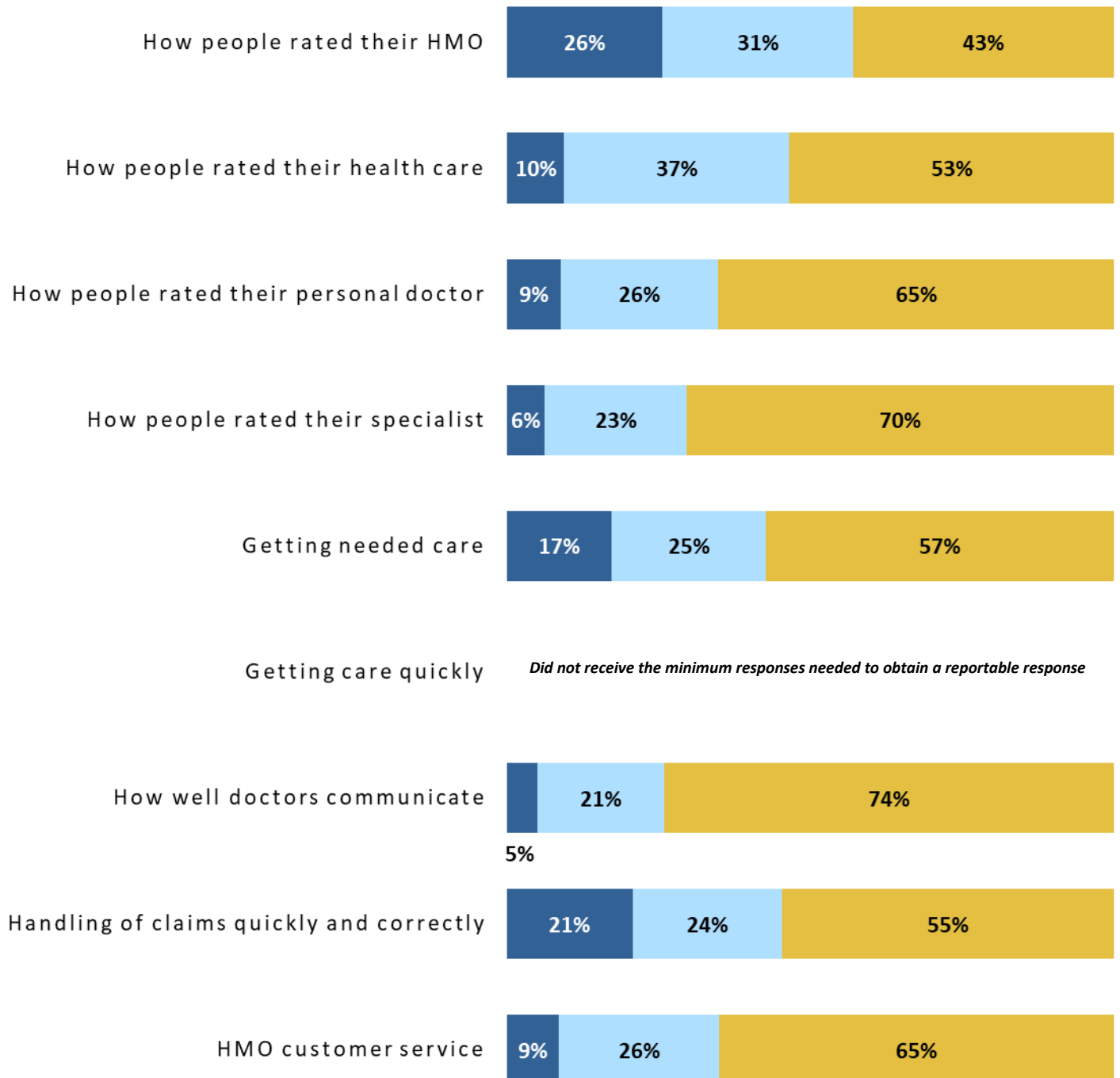
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 7.72%



## Consumer Satisfaction

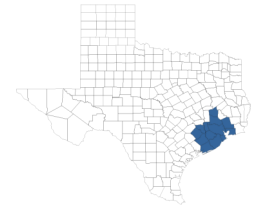


# BlueCross BlueShield (Houston)

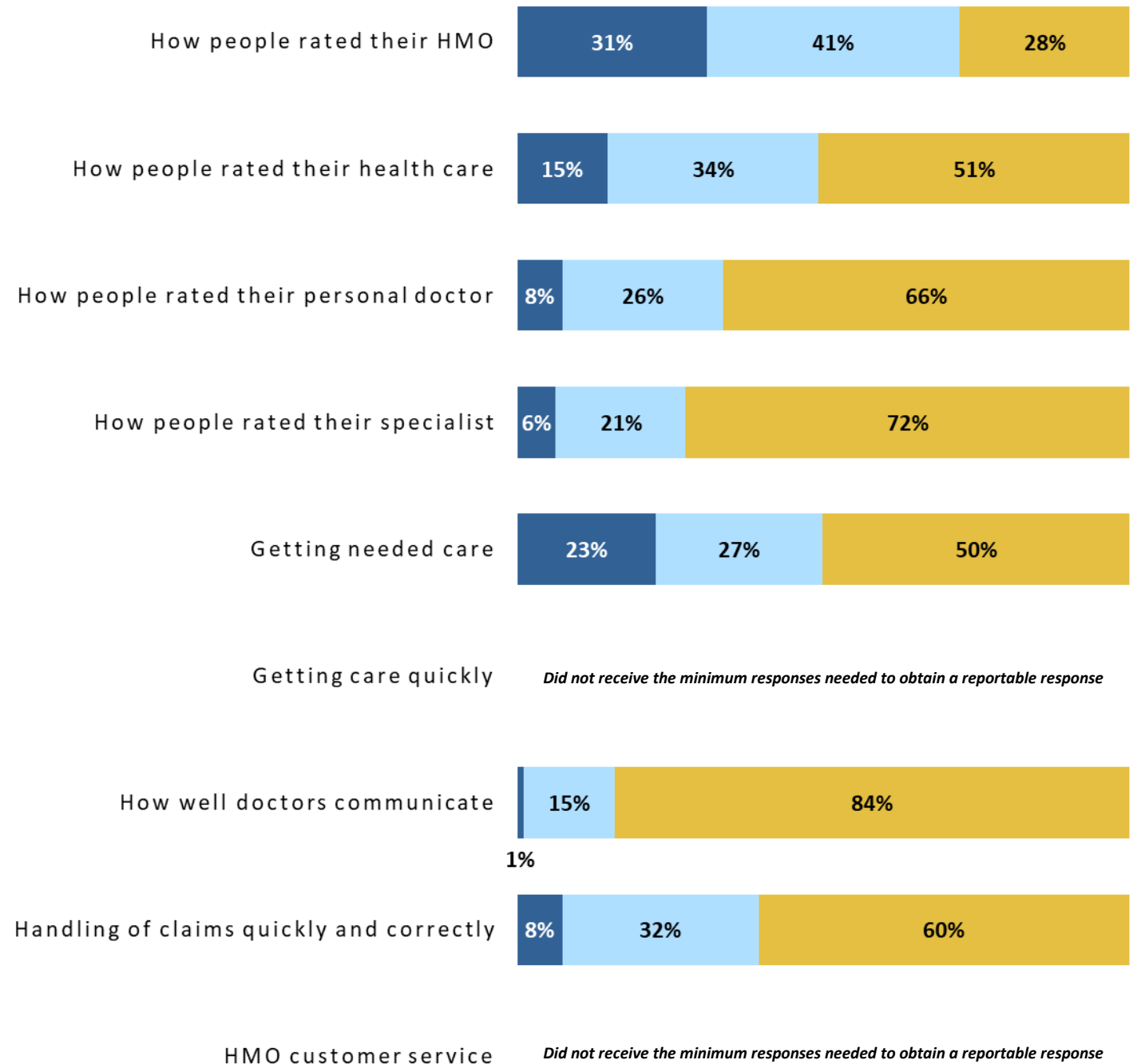
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 6.56%



## Consumer Satisfaction



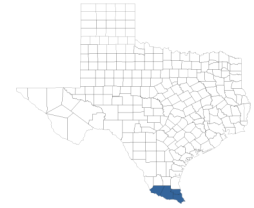


# BlueCross BlueShield (Rio Grande Valley)

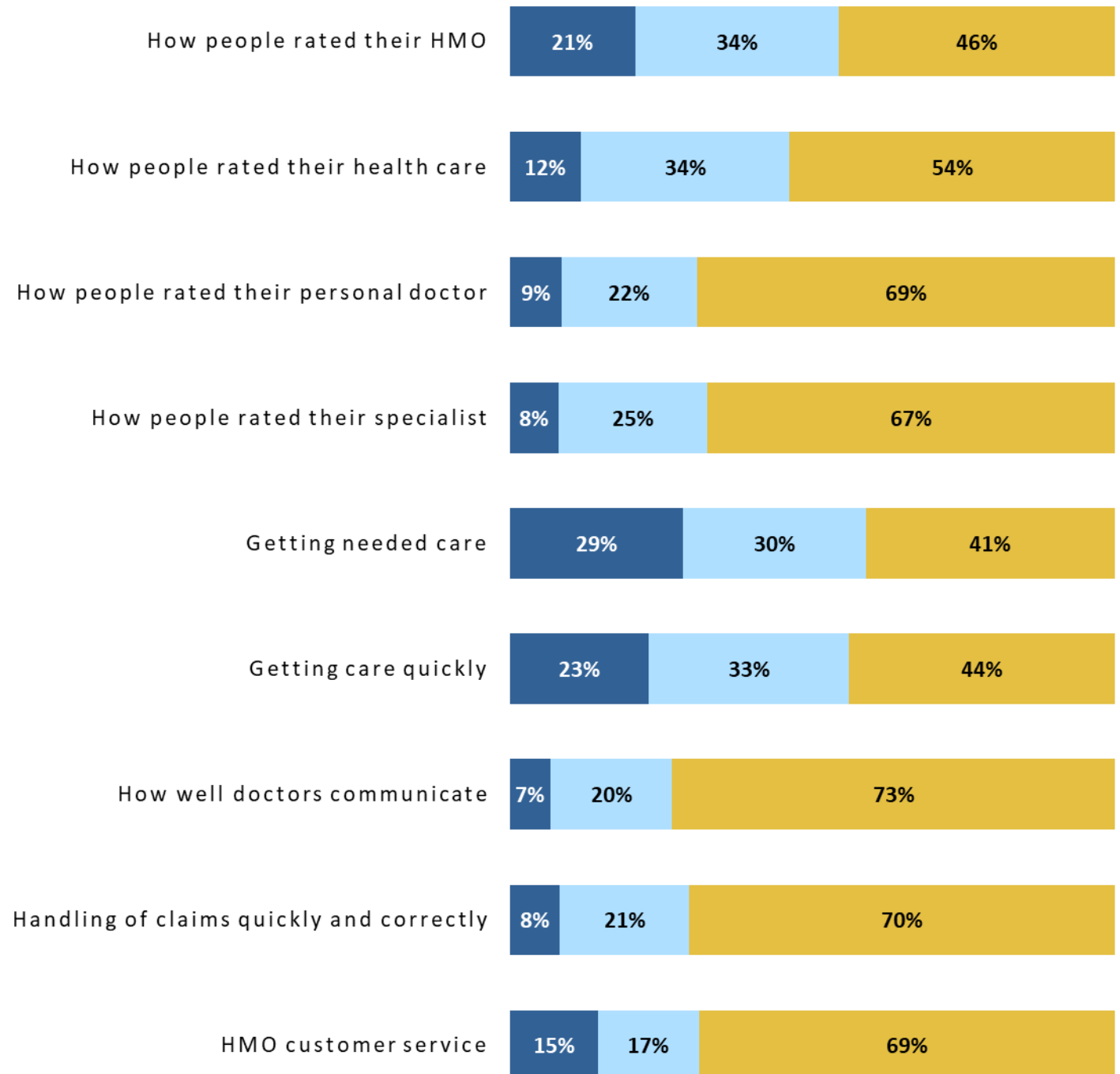
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 9.86%



## Consumer Satisfaction

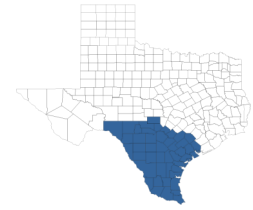


# BlueCross BlueShield (San Antonio)

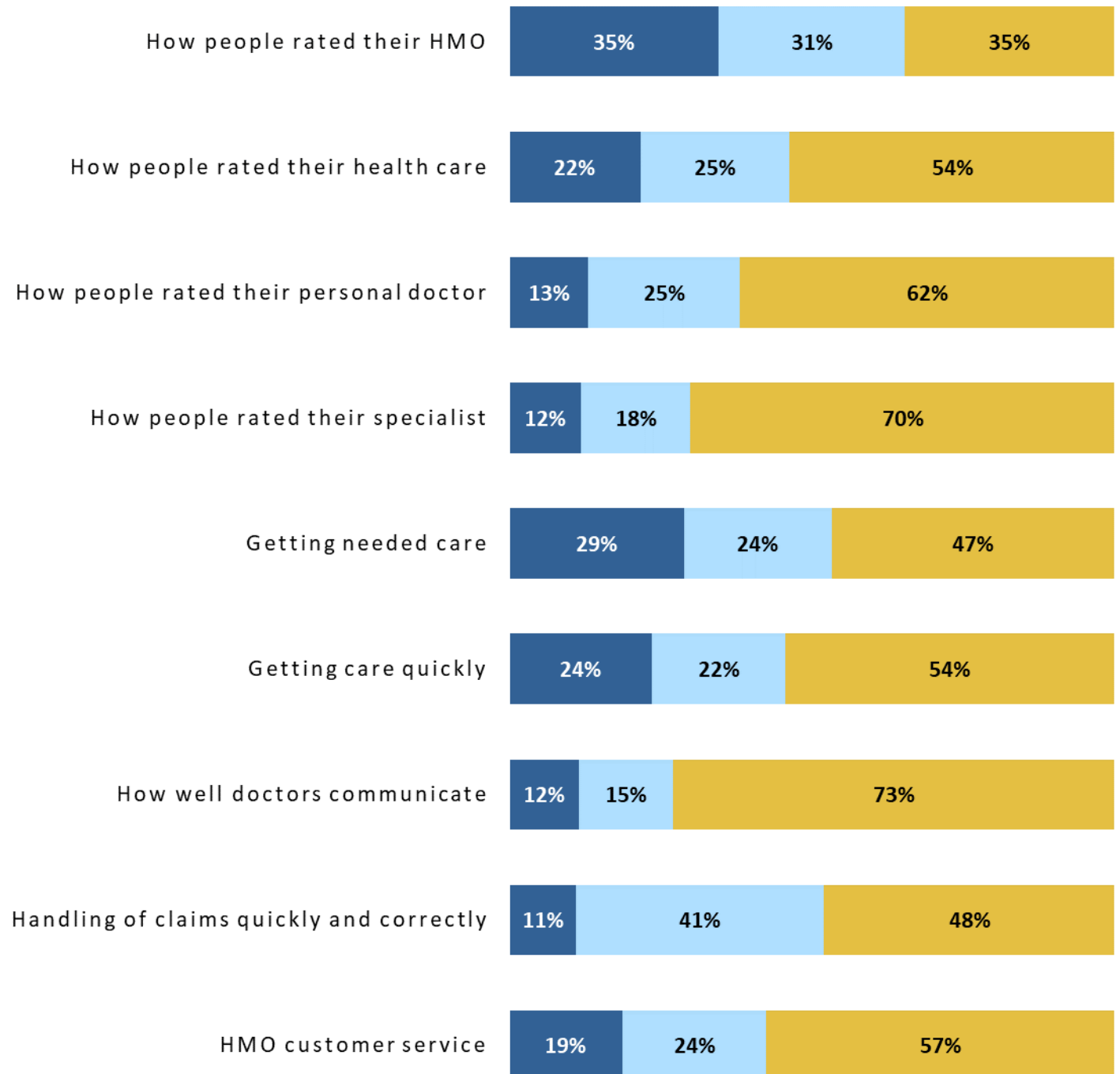
Customer Service Contact: (972)-766-6900 | [www.bcbstx.com](http://www.bcbstx.com)

Enrollment:

Consumer Response Rate: 7.45%



## Consumer Satisfaction

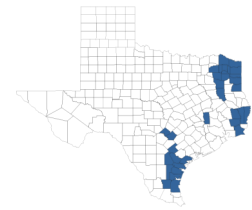


# CHRISTUS Health Plan (Corpus Christi)

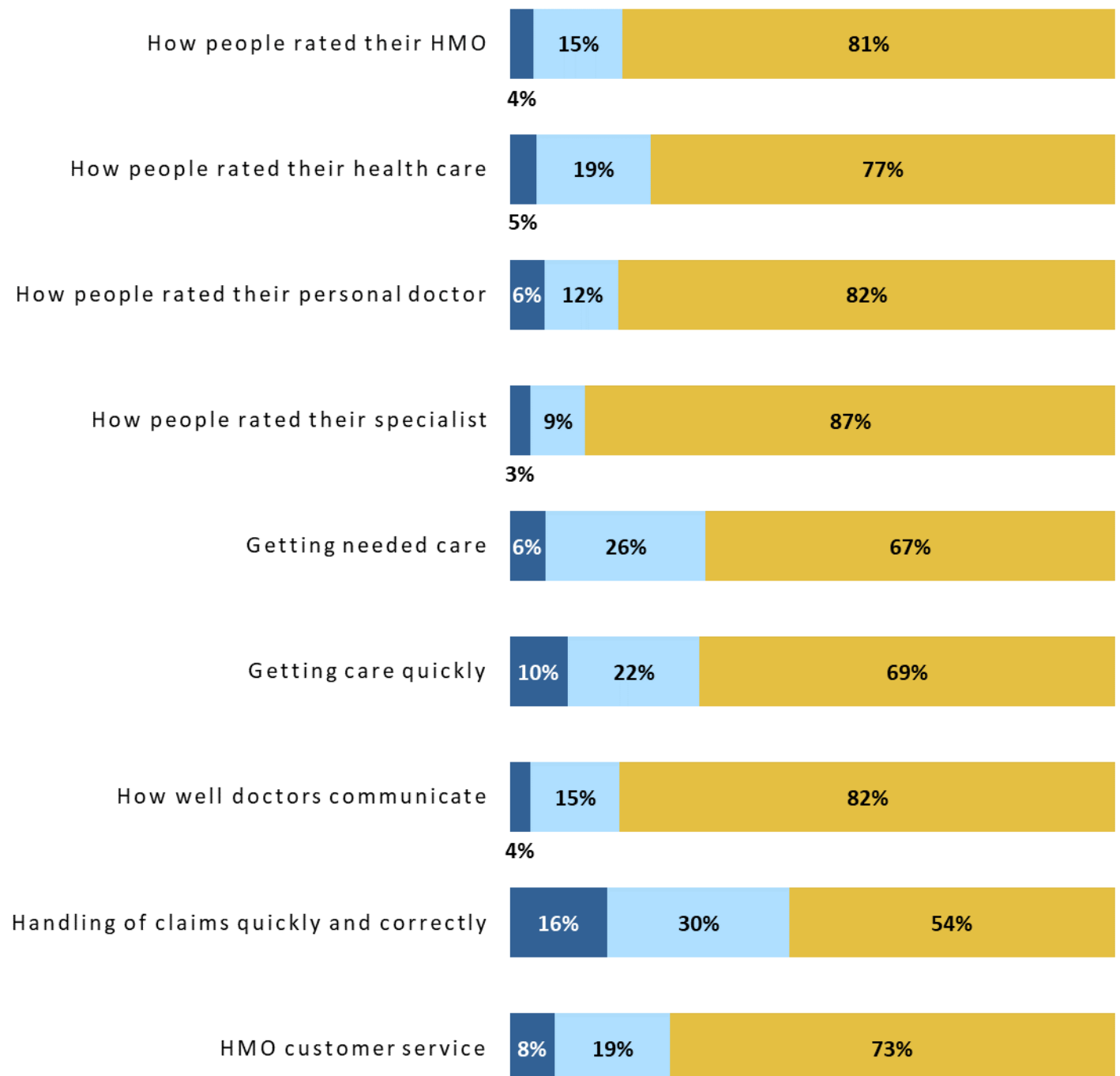
Customer Service Contact: (888)-344-0602 | [www.christushealthplan.org](http://www.christushealthplan.org)

Enrollment:

Consumer Response Rate: 50.05%



## Consumer Satisfaction

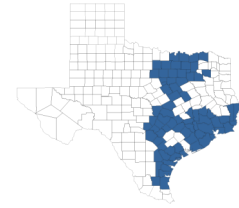


# Cigna Healthcare of Texas, Inc.

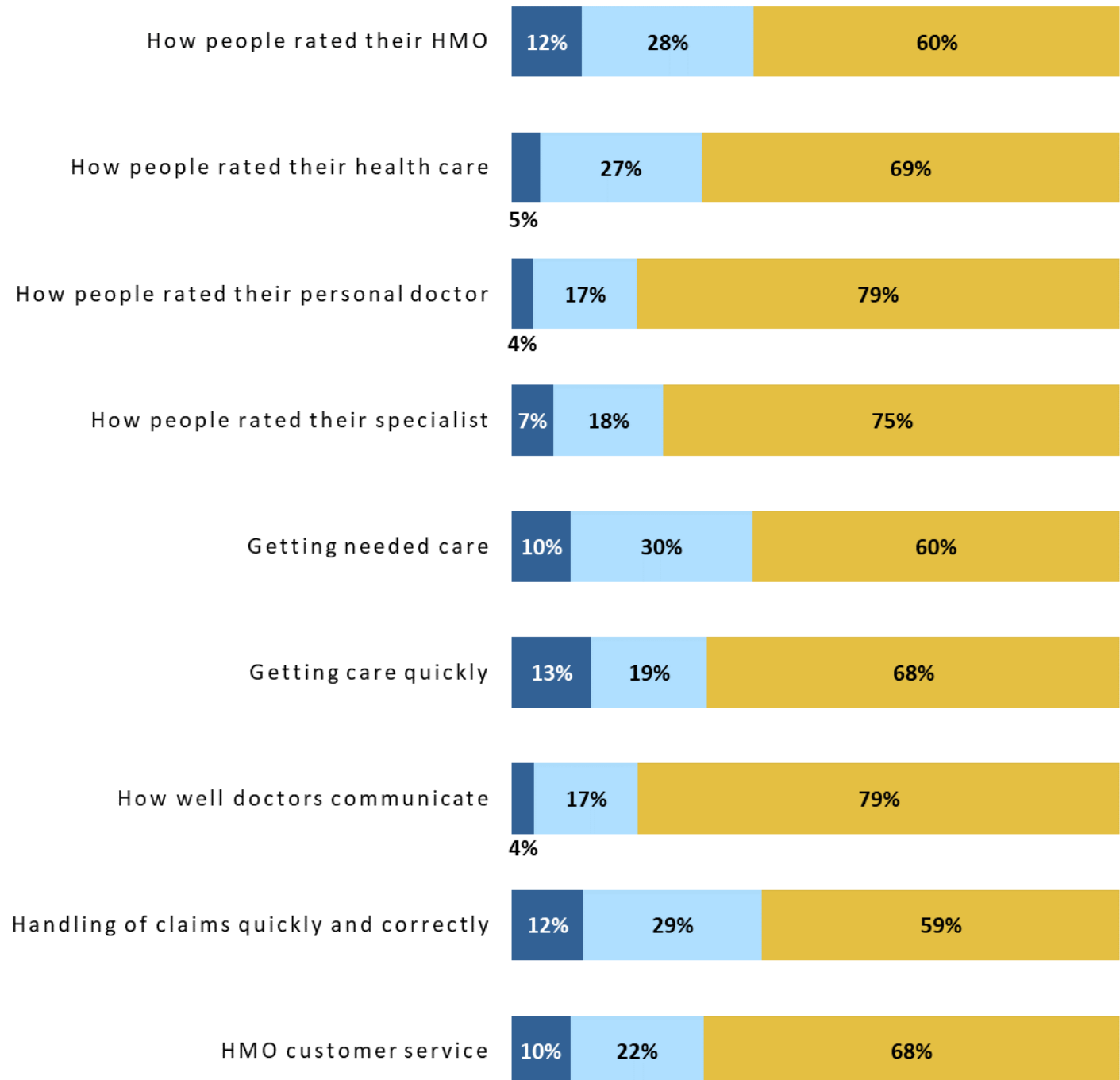
Customer Service Contact: (800)-997-1654 | [www.cigna.com](http://www.cigna.com)

Enrollment:

Consumer Response Rate: 15.88%



## Consumer Satisfaction

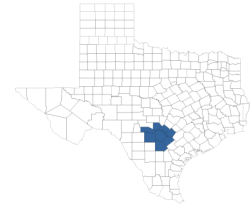


# Community First Health Plans, Inc.

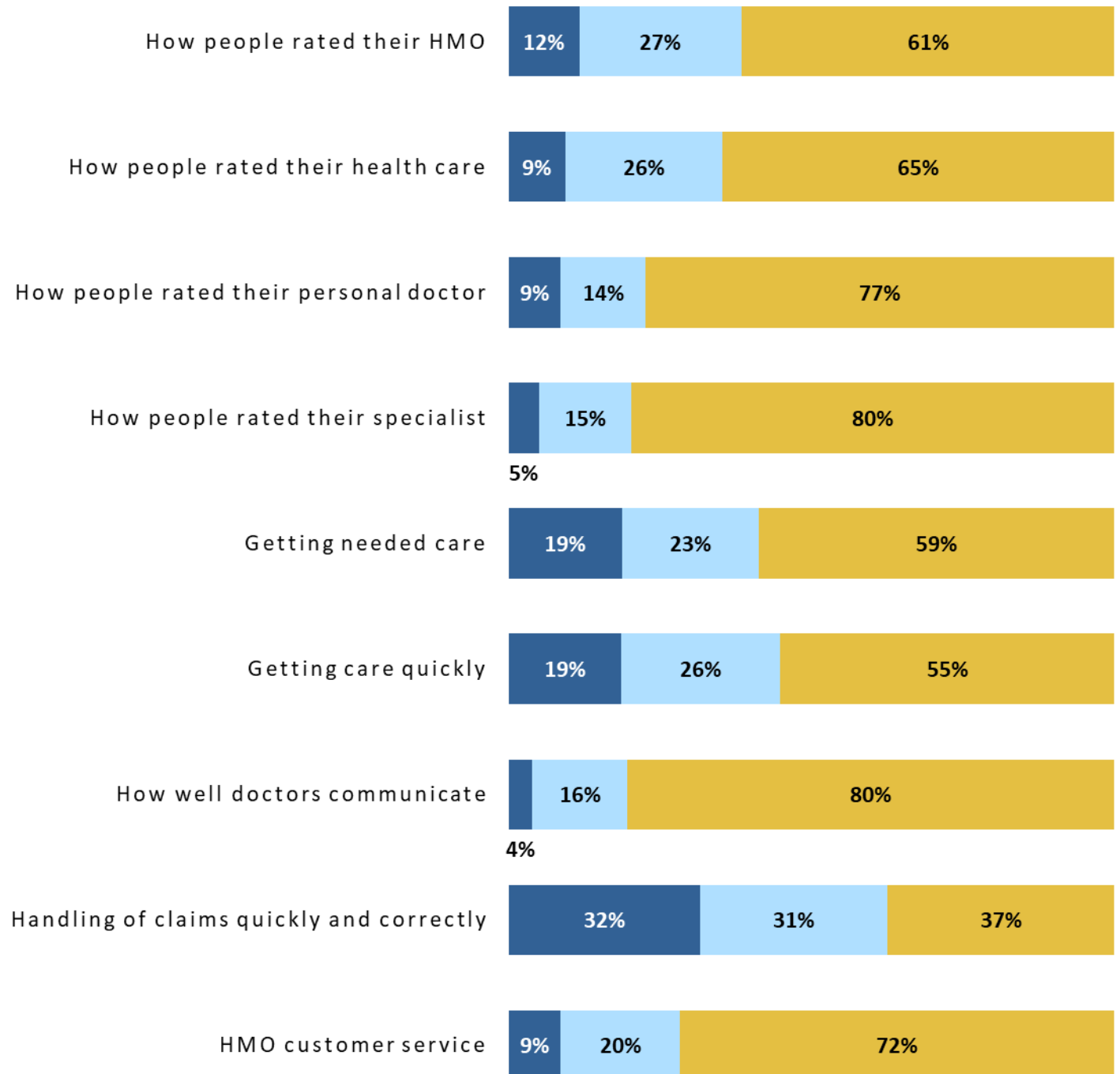
Customer Service Contact: (800)-434-2347 | [www.communityfirsthealthplans.com](http://www.communityfirsthealthplans.com)

Enrollment:

Consumer Response Rate: 14.73%



## Consumer Satisfaction

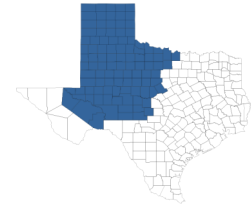


# FIRSTCARE (Amarillo)

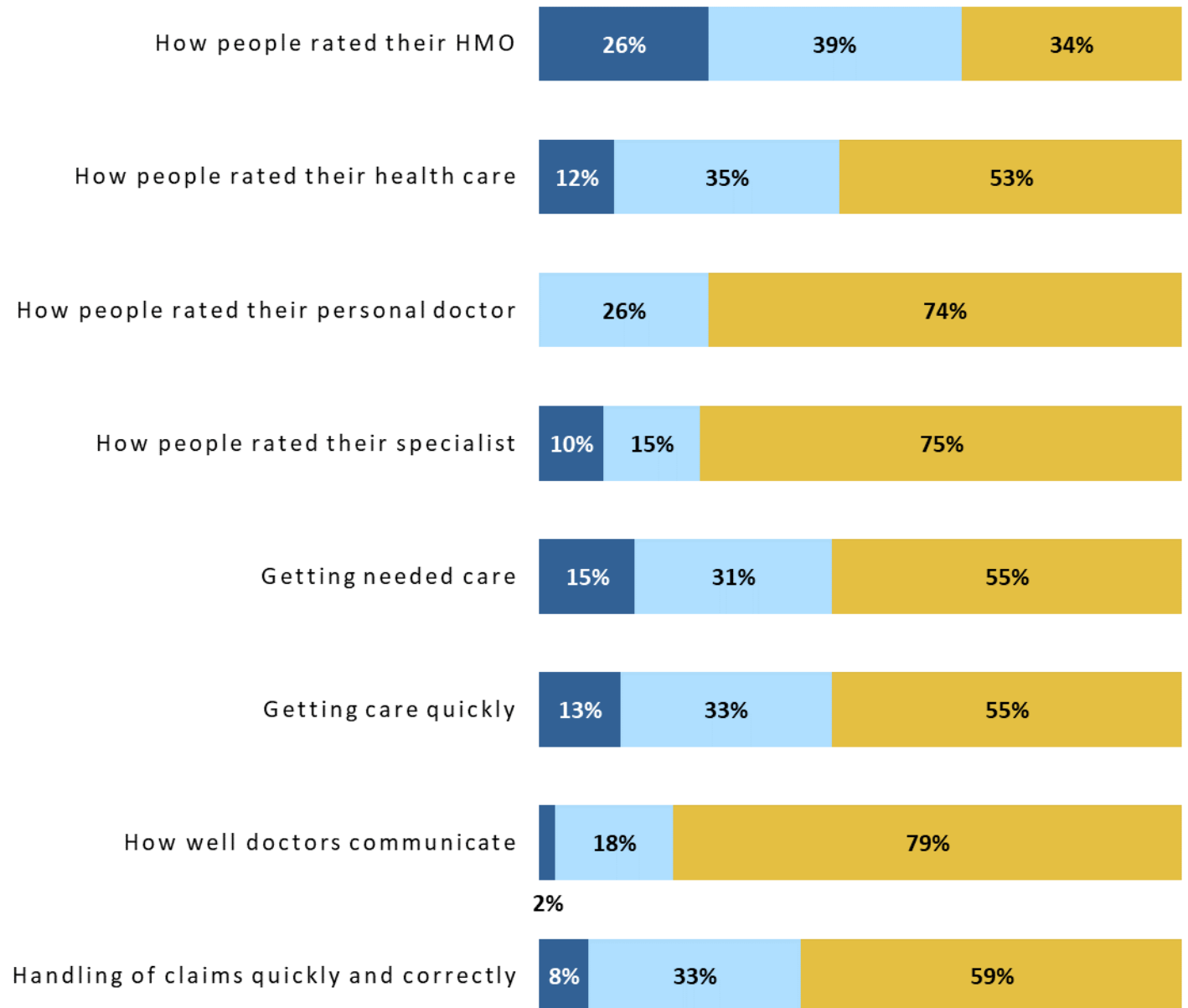
Customer Service Contact: (855)-572-7238 | [www.firstcare.com](http://www.firstcare.com)

Enrollment:

Consumer Response Rate: 13.77%



## Consumer Satisfaction



HMO customer service

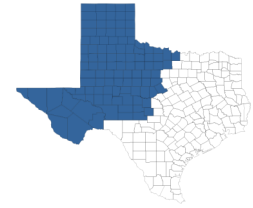
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# FIRSTCARE (Lubbock)

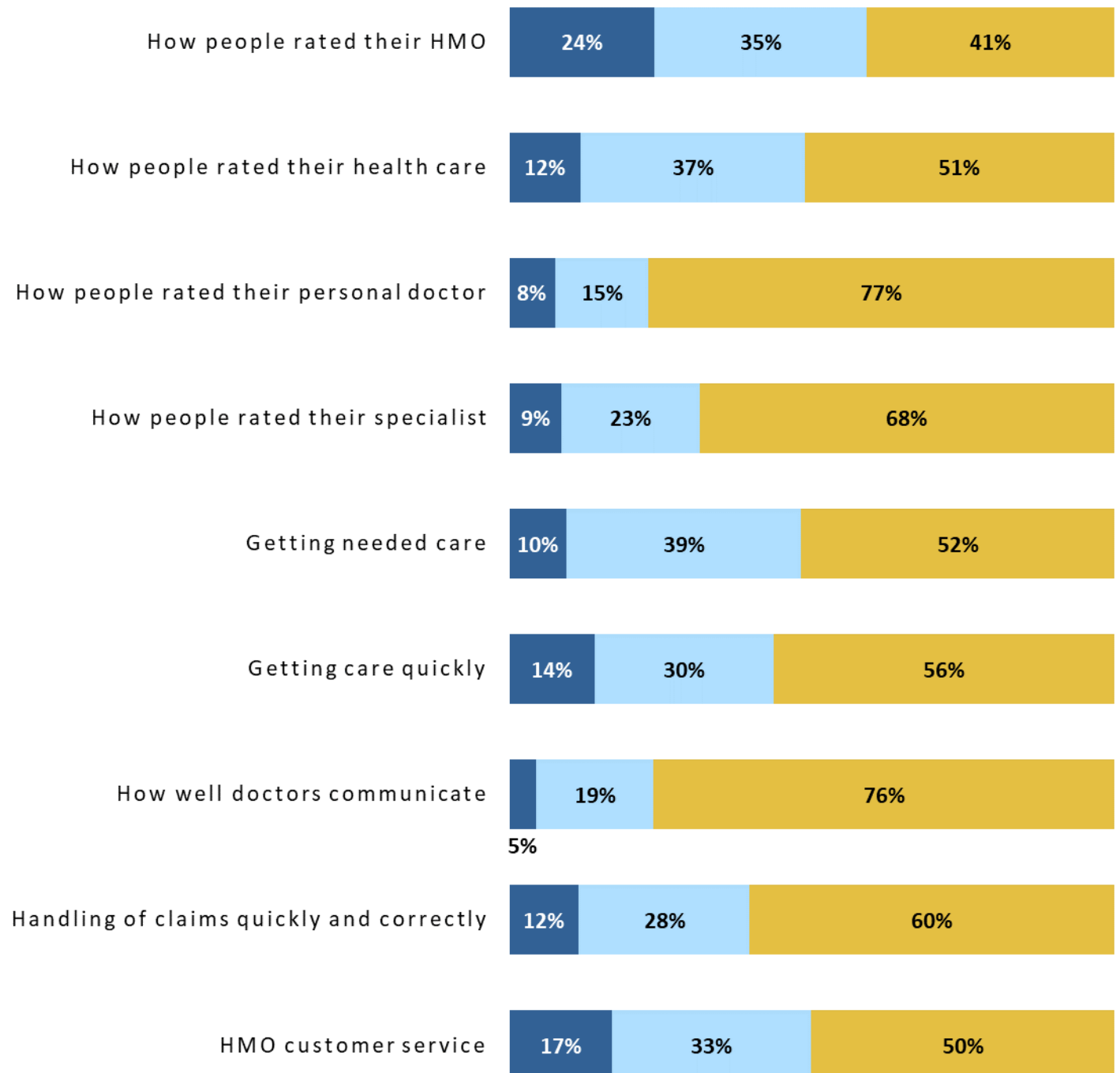
Customer Service Contact: (855)-572-7238 | [www.firstcare.com](http://www.firstcare.com)

Enrollment:

Consumer Response Rate: 11.21%



## Consumer Satisfaction

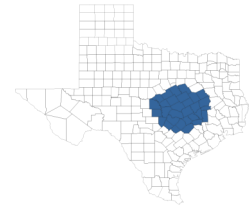


# Humana (Austin)

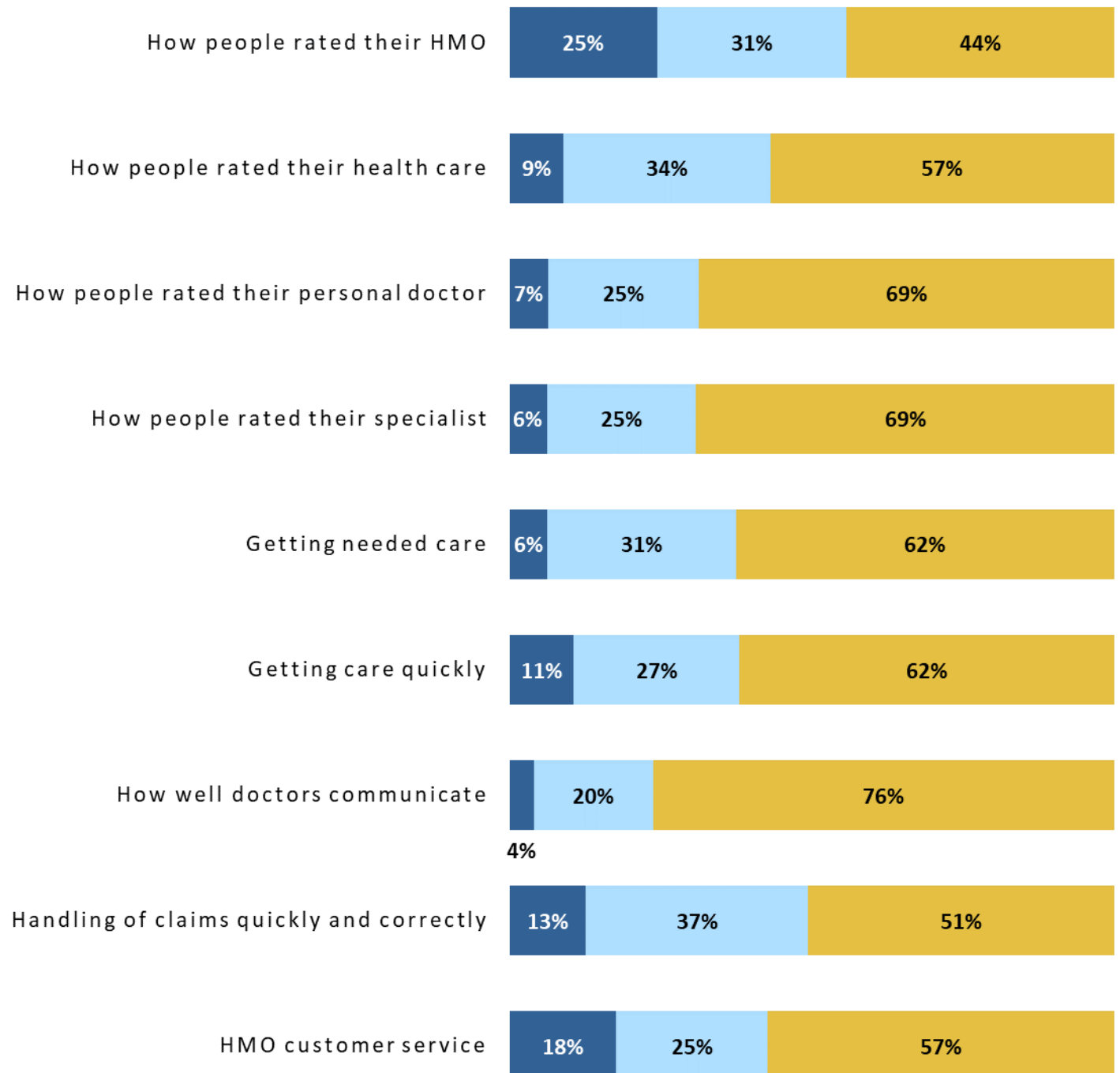
Customer Service Contact: (800)-457-4708 | [www.humana.com](http://www.humana.com)

Enrollment:

Consumer Response Rate: 7.89%



## Consumer Satisfaction



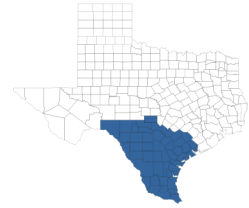


# Humana (Corpus Christi)

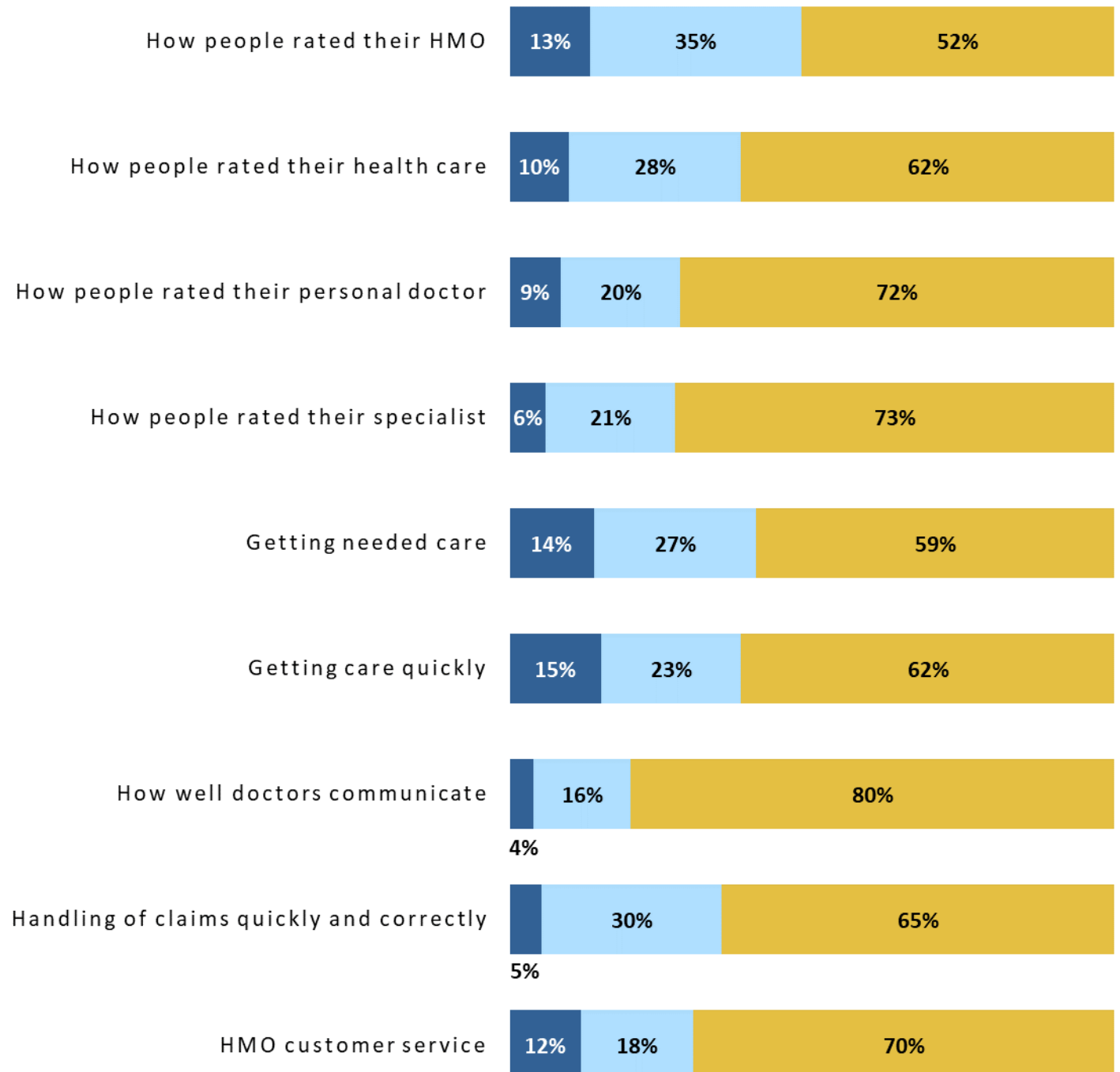
Customer Service Contact: (800)-457-4708 | [www.humana.com](http://www.humana.com)

Enrollment:

Consumer Response Rate: 8.20%



## Consumer Satisfaction

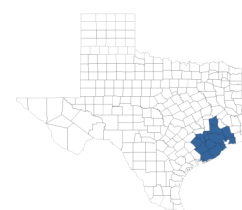


# Humana (Houston)

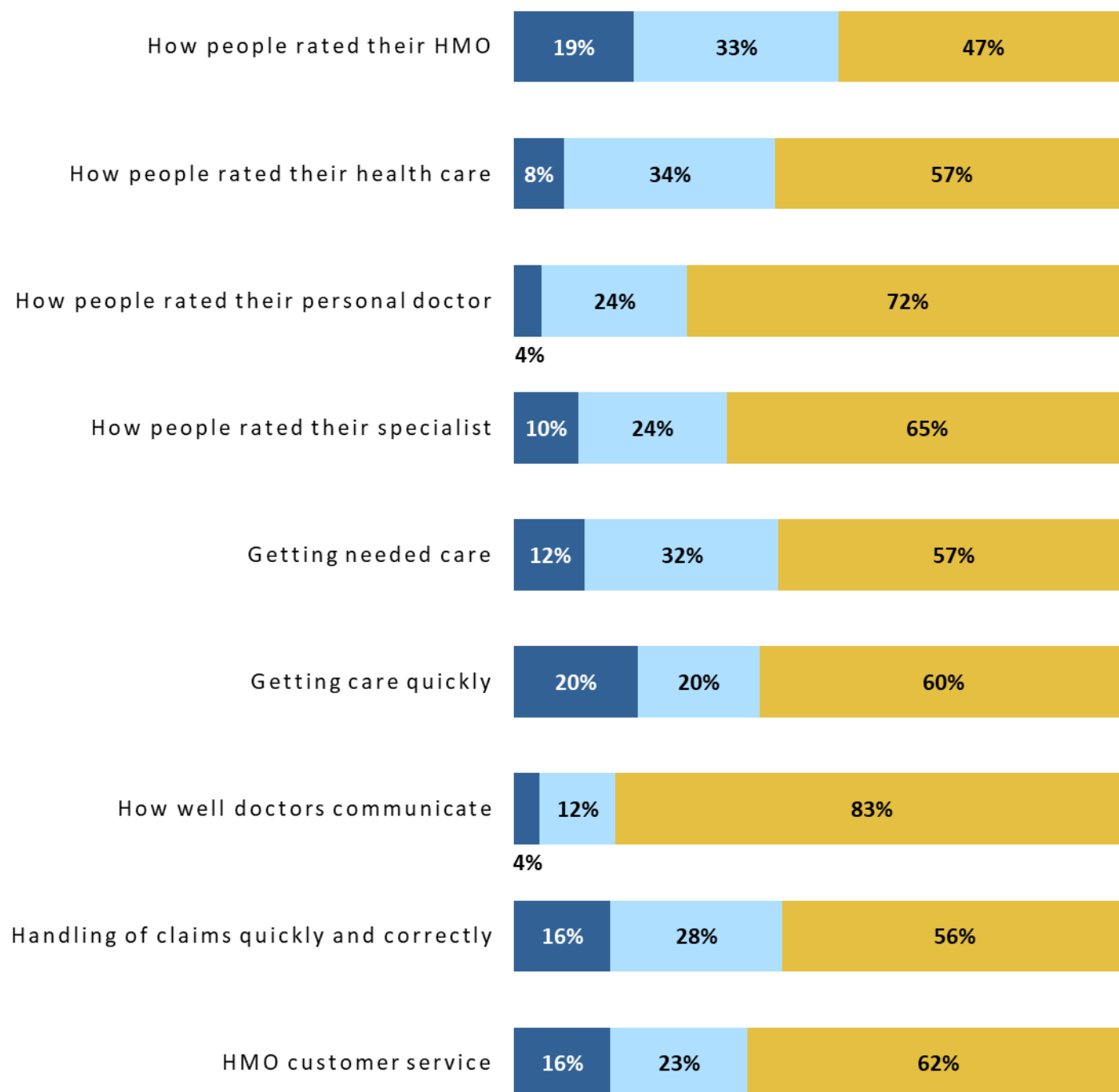
Customer Service Contact: (800)-457-4708 | [www.humana.com](http://www.humana.com)

Enrollment:

Consumer Response Rate: 7.26%



## Consumer Satisfaction

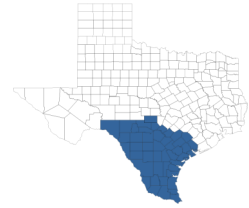


# Humana (San Antonio)

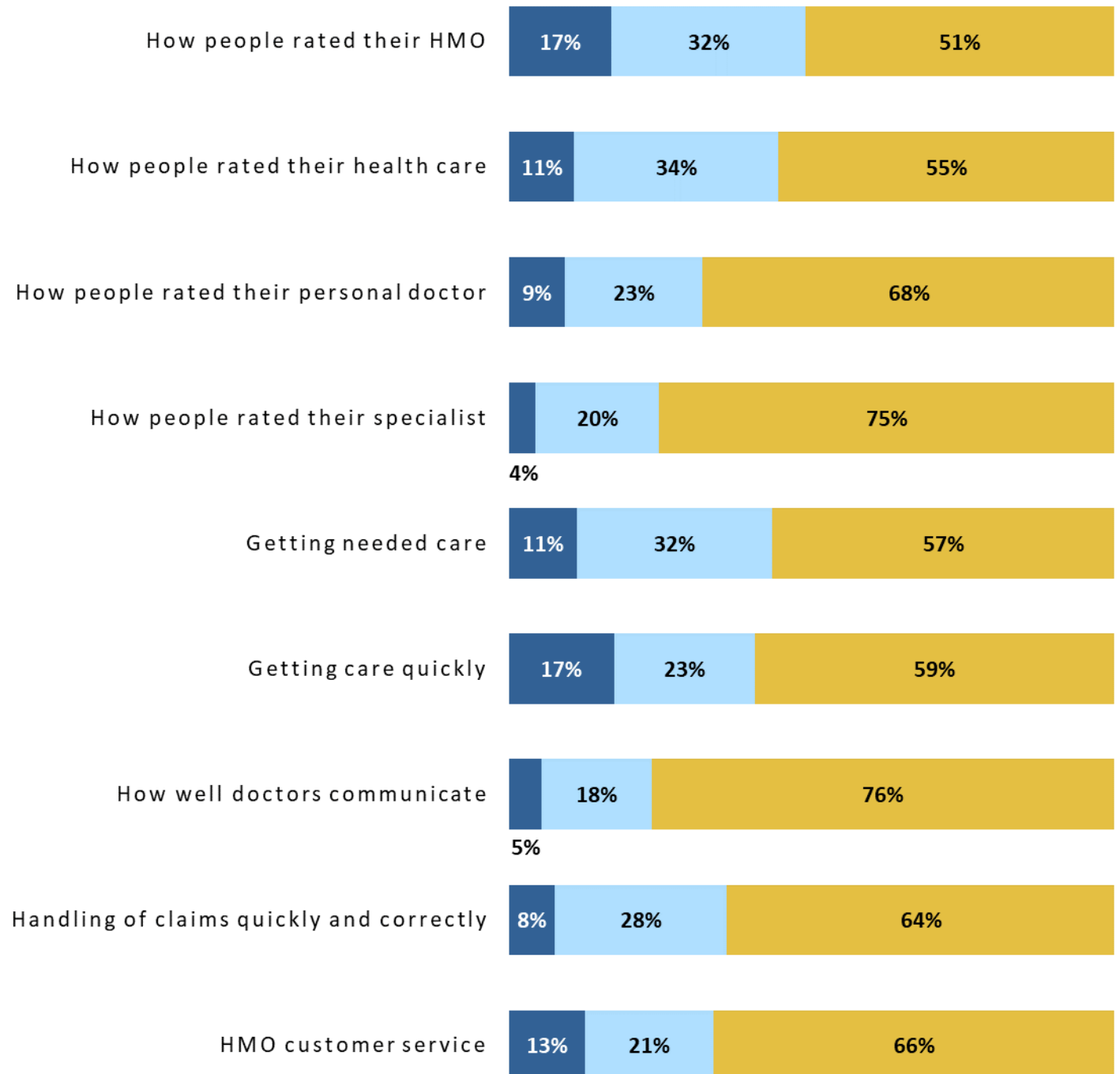
Customer Service Contact: (800)-457-4708 | [www.humana.com](http://www.humana.com)

Enrollment:

Consumer Response Rate: 10.32%



## Consumer Satisfaction

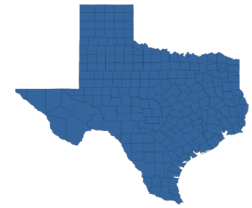


# Memorial Hermann Health Plan, Inc.

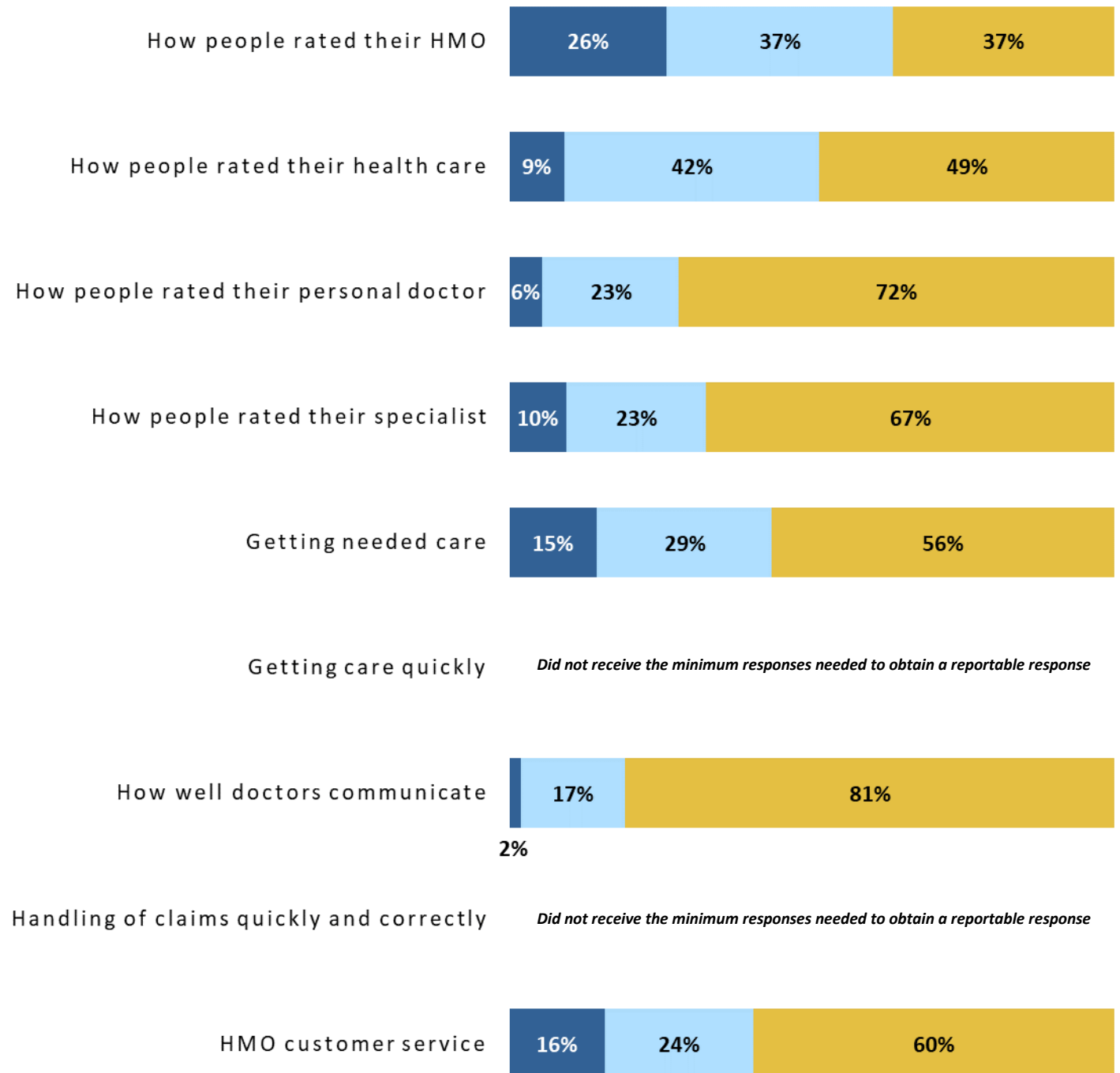
Customer Service Contact: (713)-222-2273 | [www.memorialhermann.org](http://www.memorialhermann.org)

Enrollment:

Consumer Response Rate: 6.20%



## Consumer Satisfaction

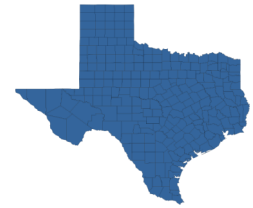


# Scott and White Health Plan

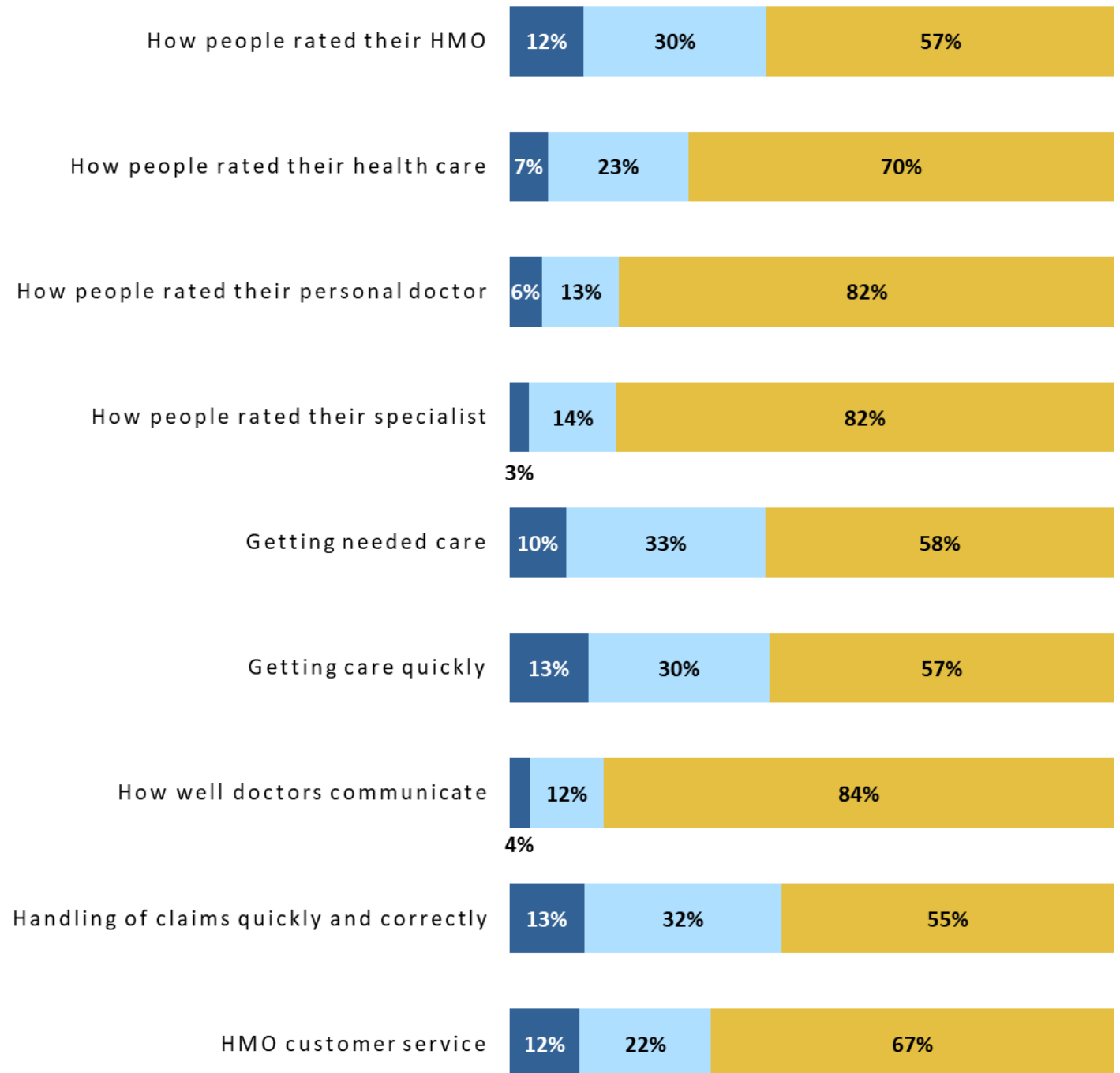
Customer Service Contact: (844)-633-5325 | [www.bswhealthplan.com](http://www.bswhealthplan.com)

Enrollment:

Consumer Response Rate: 15.26%



## Consumer Satisfaction

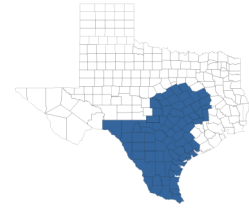


# United Healthcare (Austin/San Antonio)

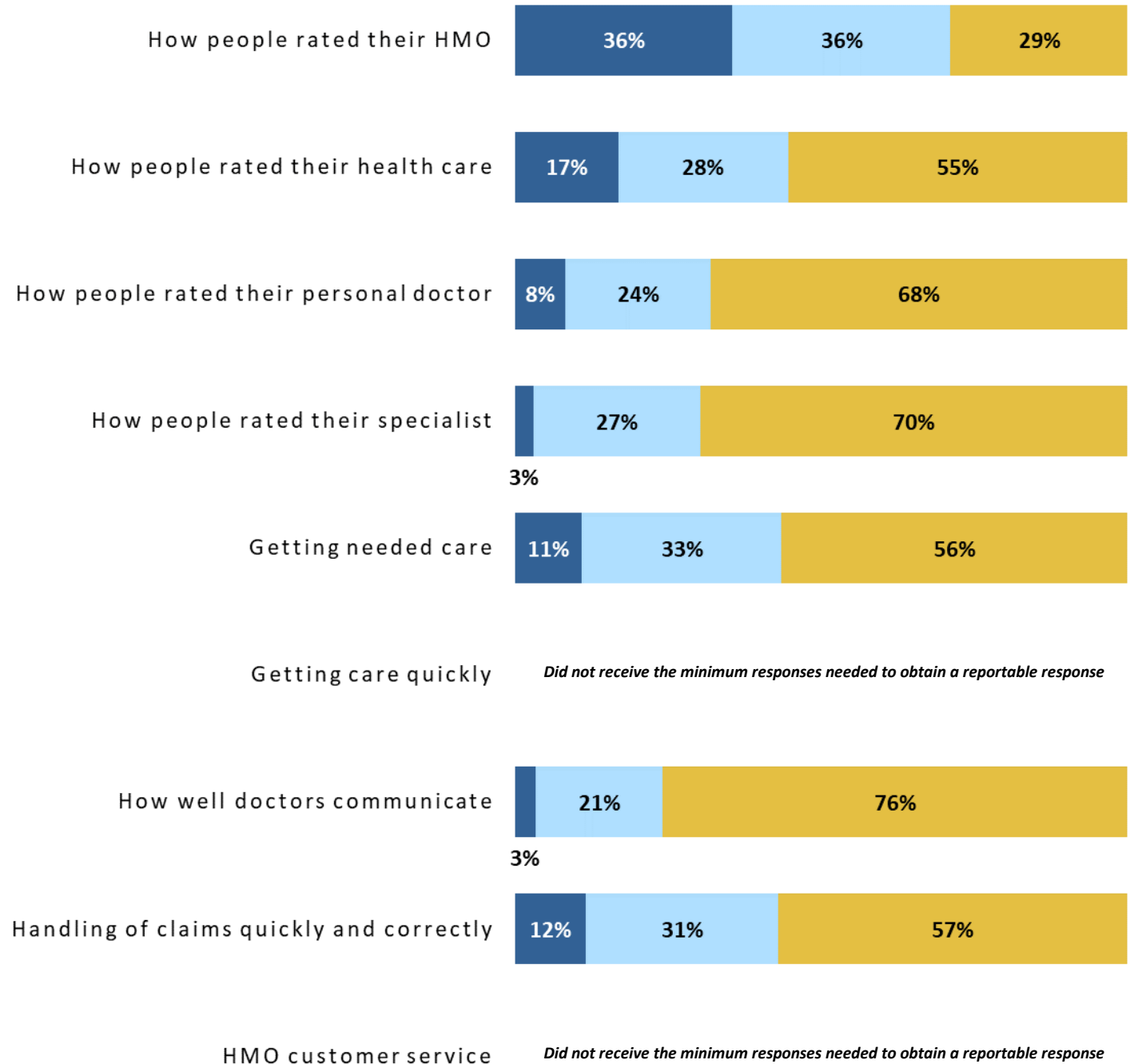
Customer Service Contact: (866)-414-1959 | [www.uhc.com](http://www.uhc.com)

Enrollment:

Consumer Response Rate: 8.59%



## Consumer Satisfaction

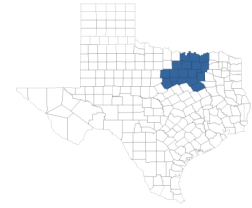


# United Healthcare (DFW)

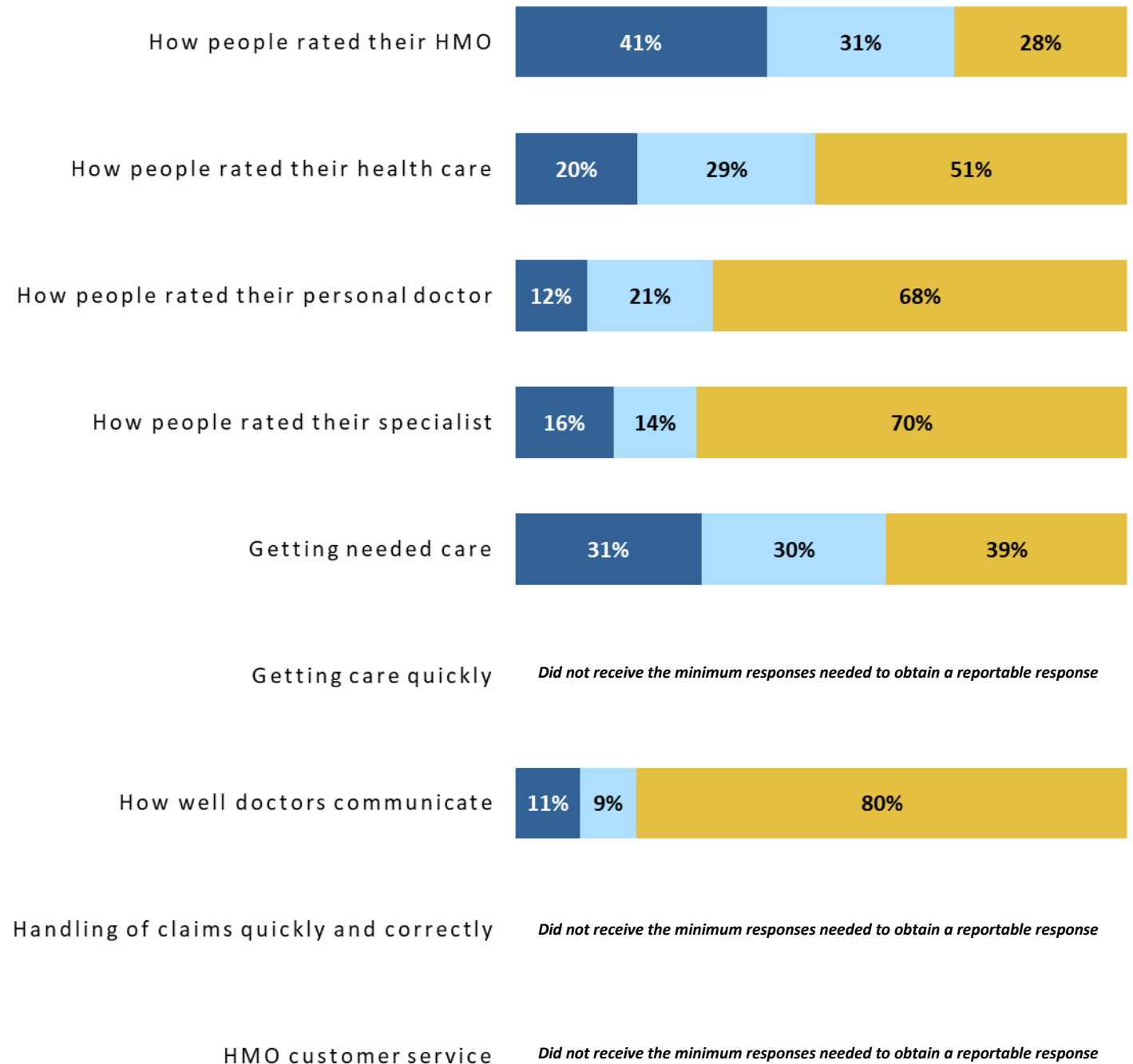
Customer Service Contact: (866)-414-1959 | [www.uhc.com](http://www.uhc.com)

Enrollment:

Consumer Response Rate: 7.98%



## Consumer Satisfaction

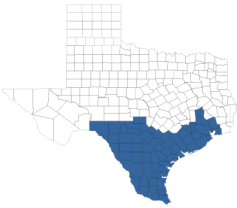


# United Healthcare (Houston/Corpus Christi)

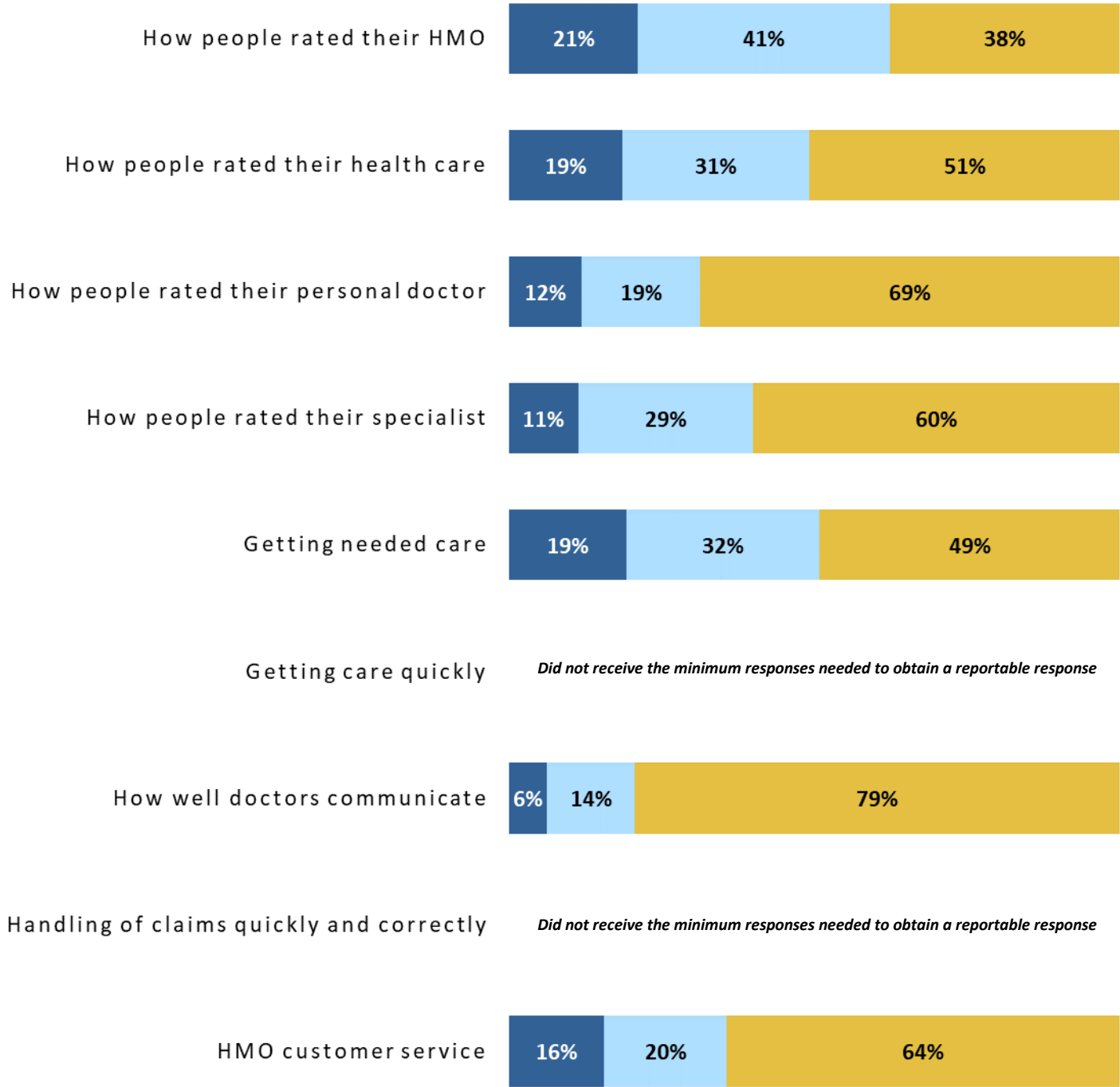
Customer Service Contact: (866)-414-1959 | [www.uhc.com](http://www.uhc.com)

Enrollment:

Consumer Response Rate: 7.89%



## Consumer Satisfaction



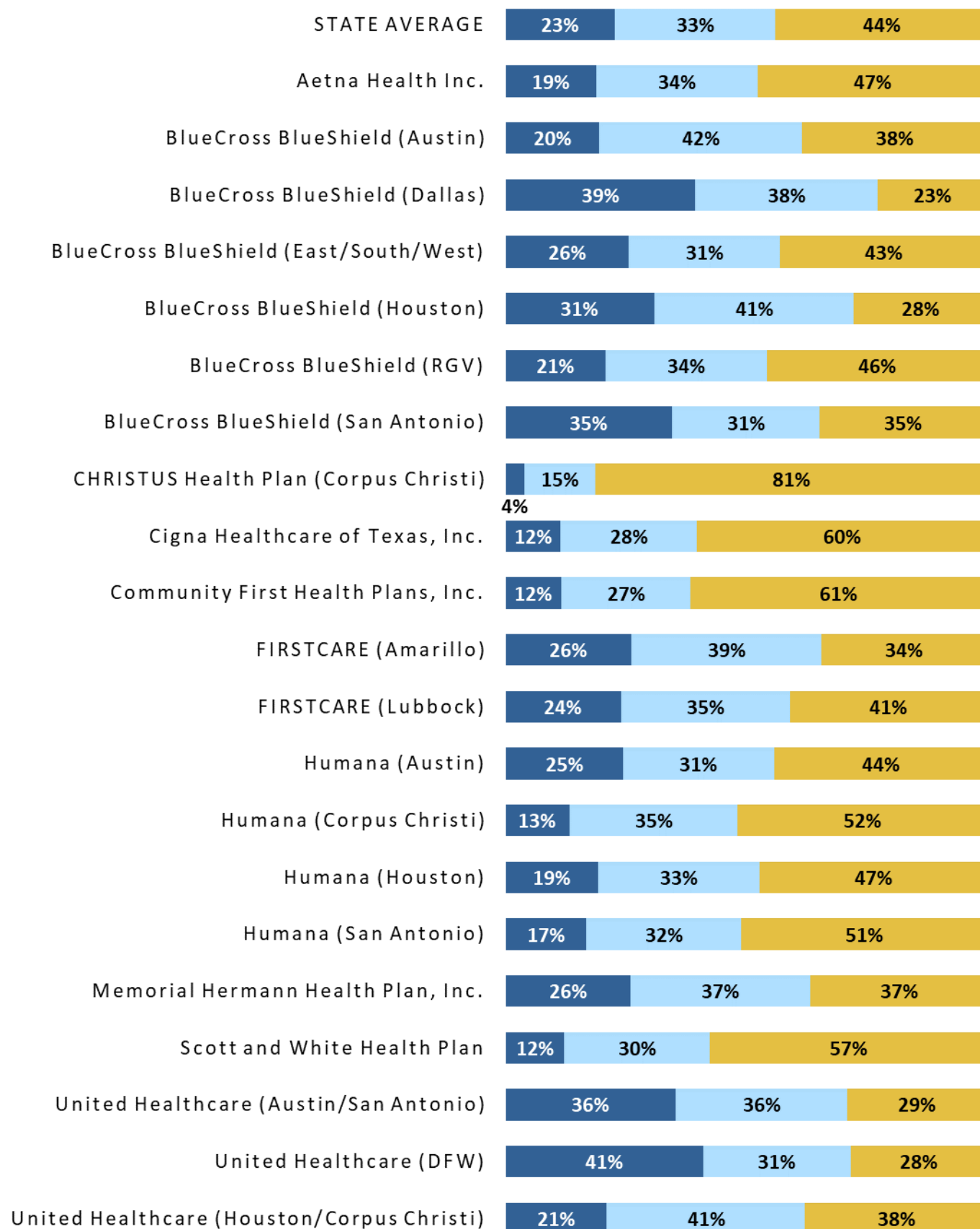




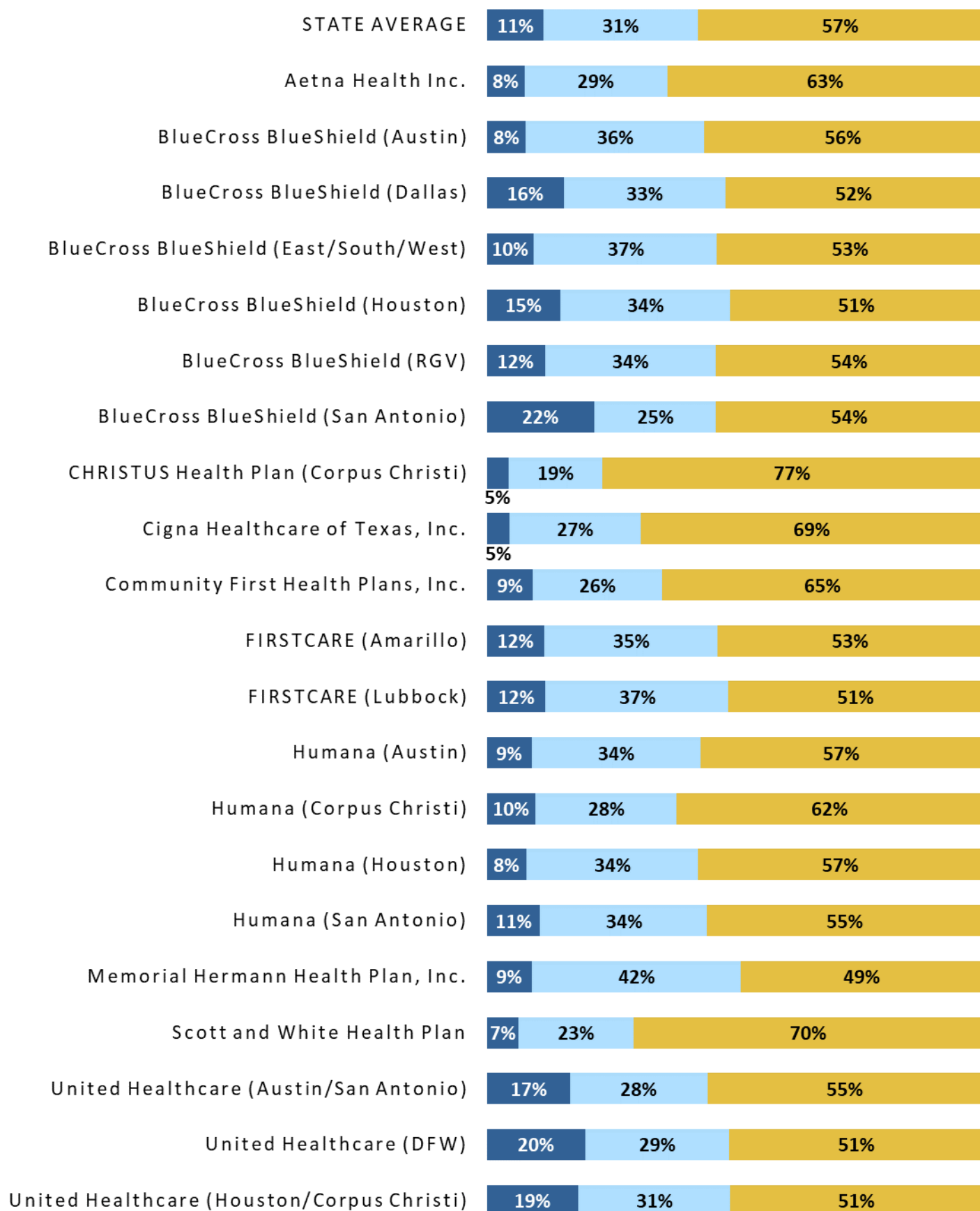
## **Section 3**

*Survey Results by Category*

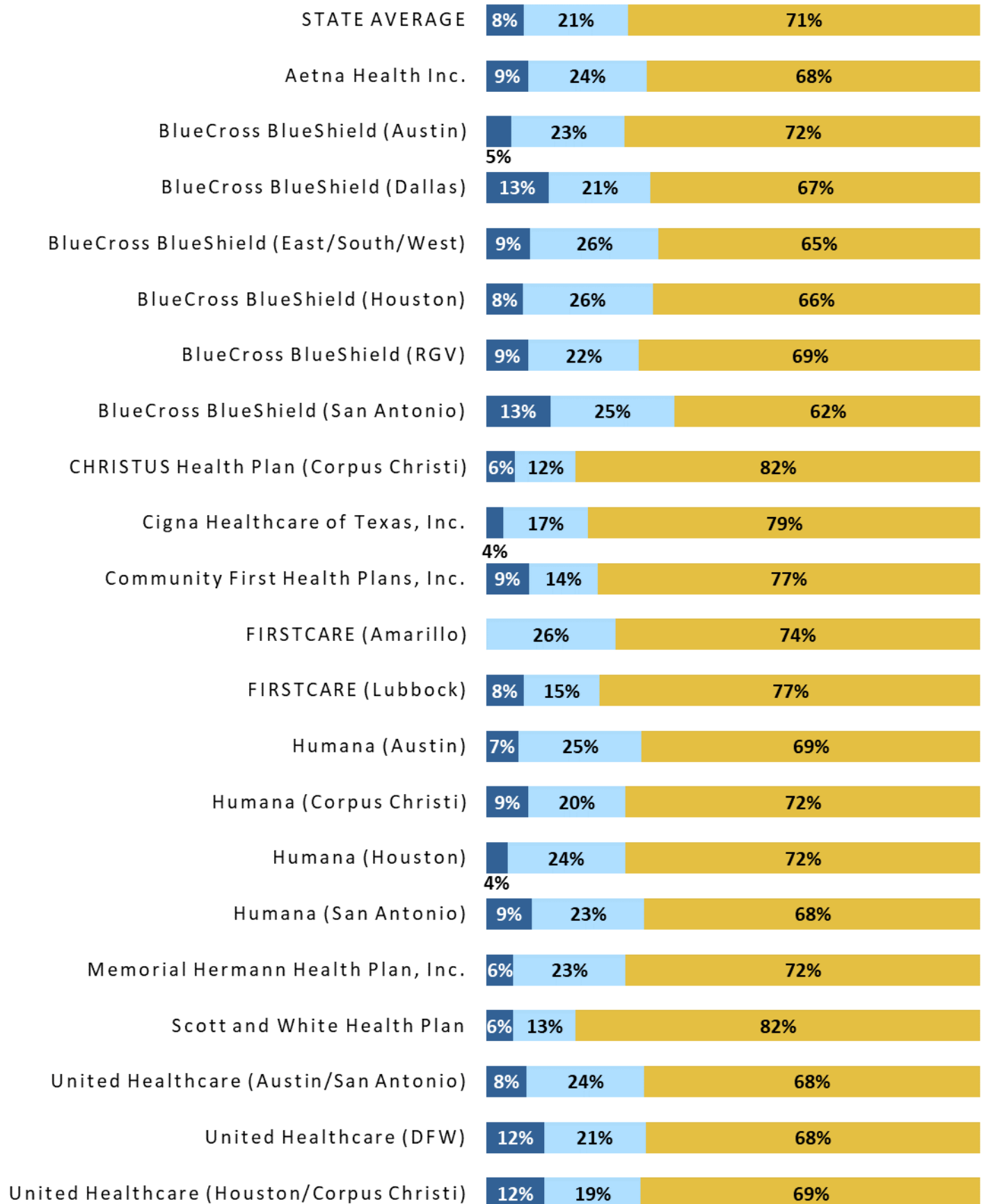
# How People Rated Their HMO



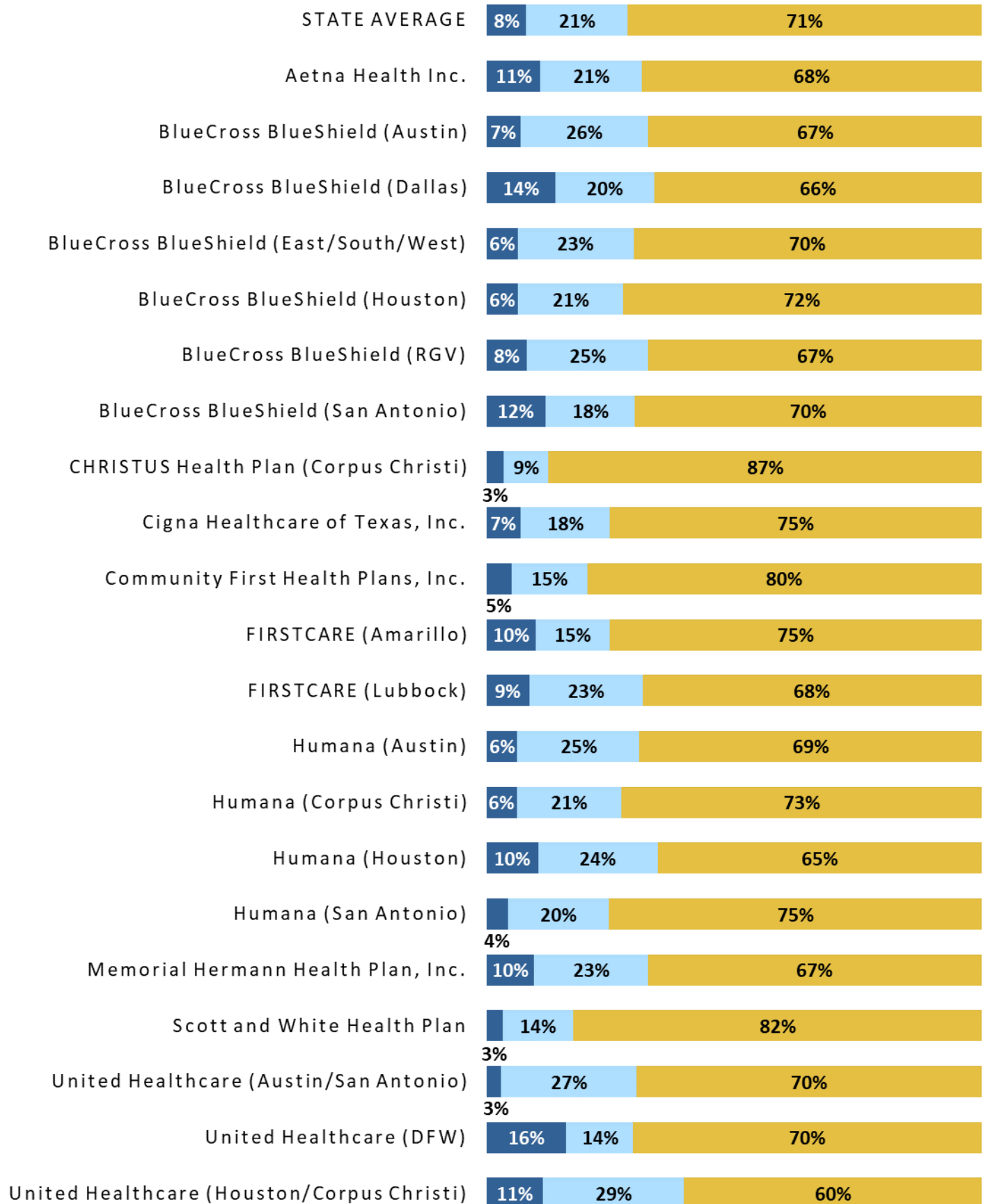
# How People Rated Their Health Care



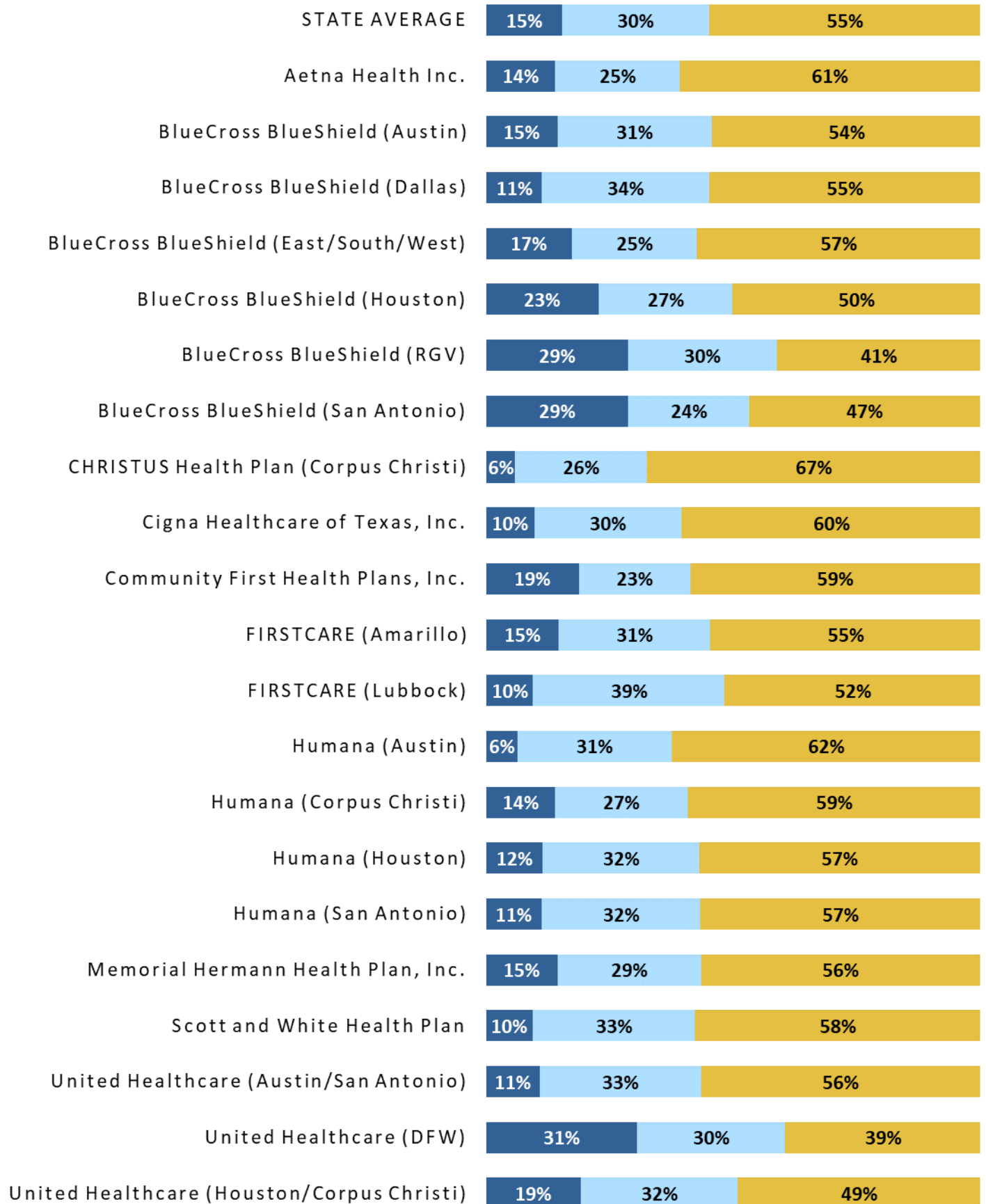
# How People Rated Their Doctor



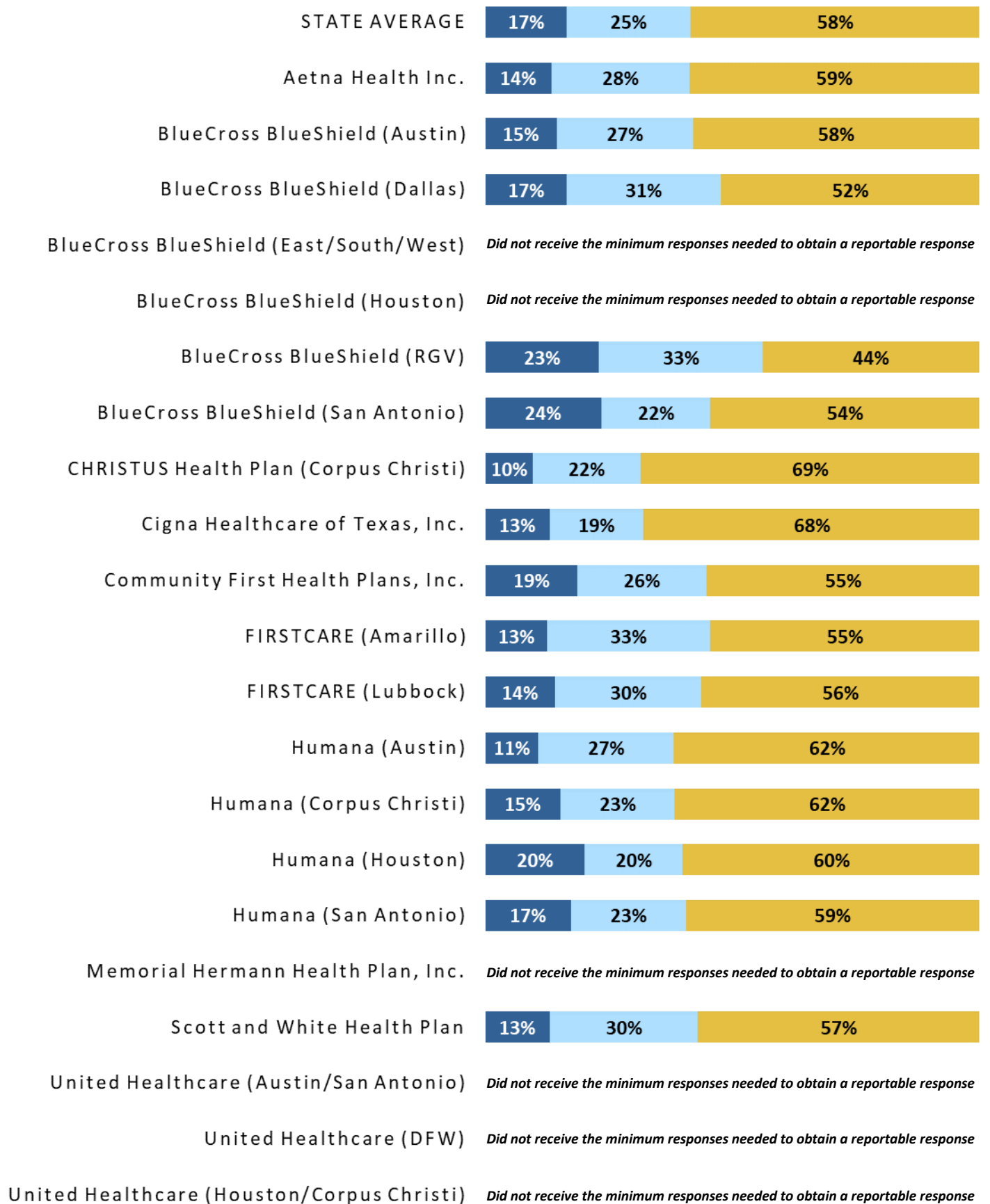
# How People Rated Their Specialist



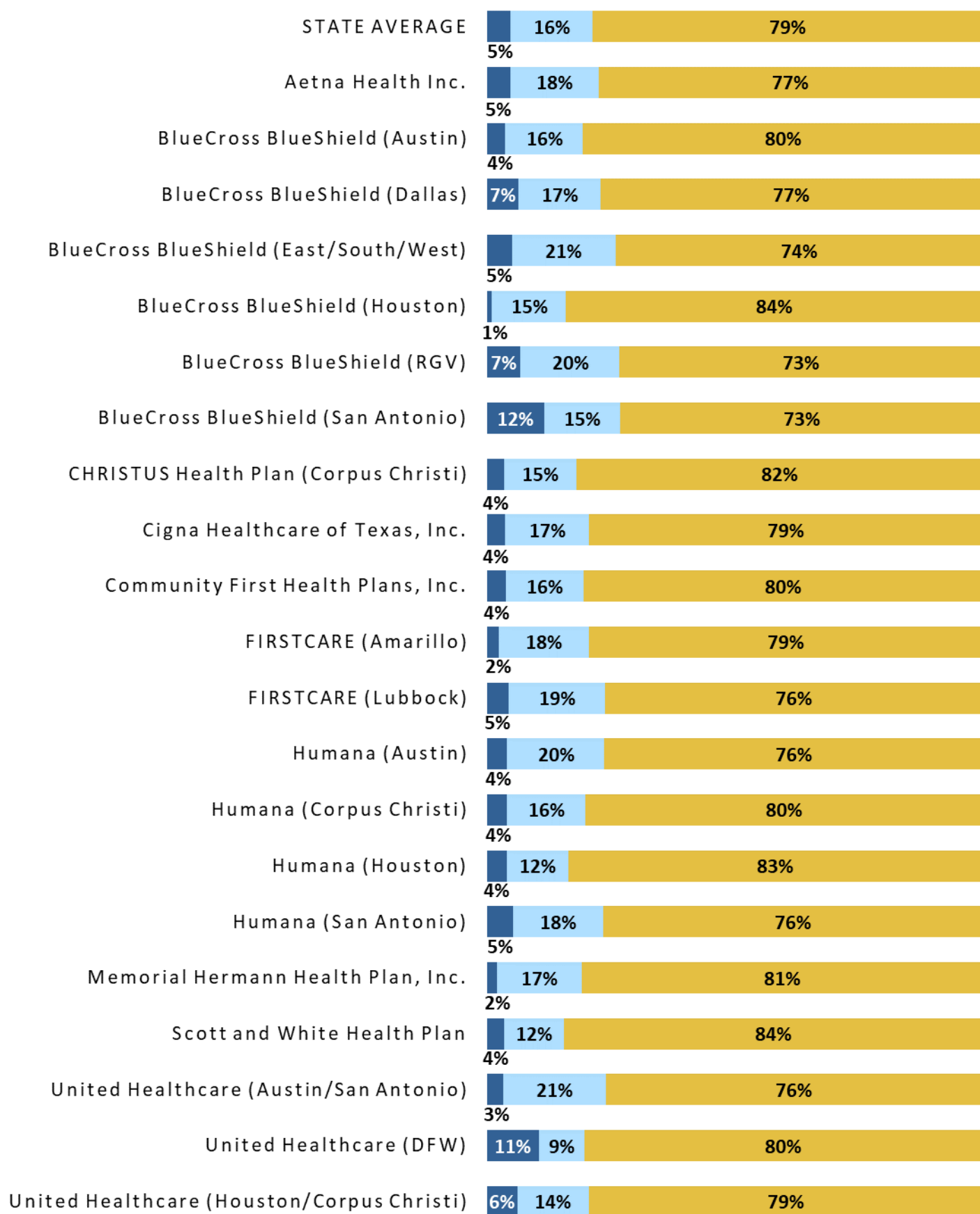
# Getting Needed Care



# Getting Care Quickly

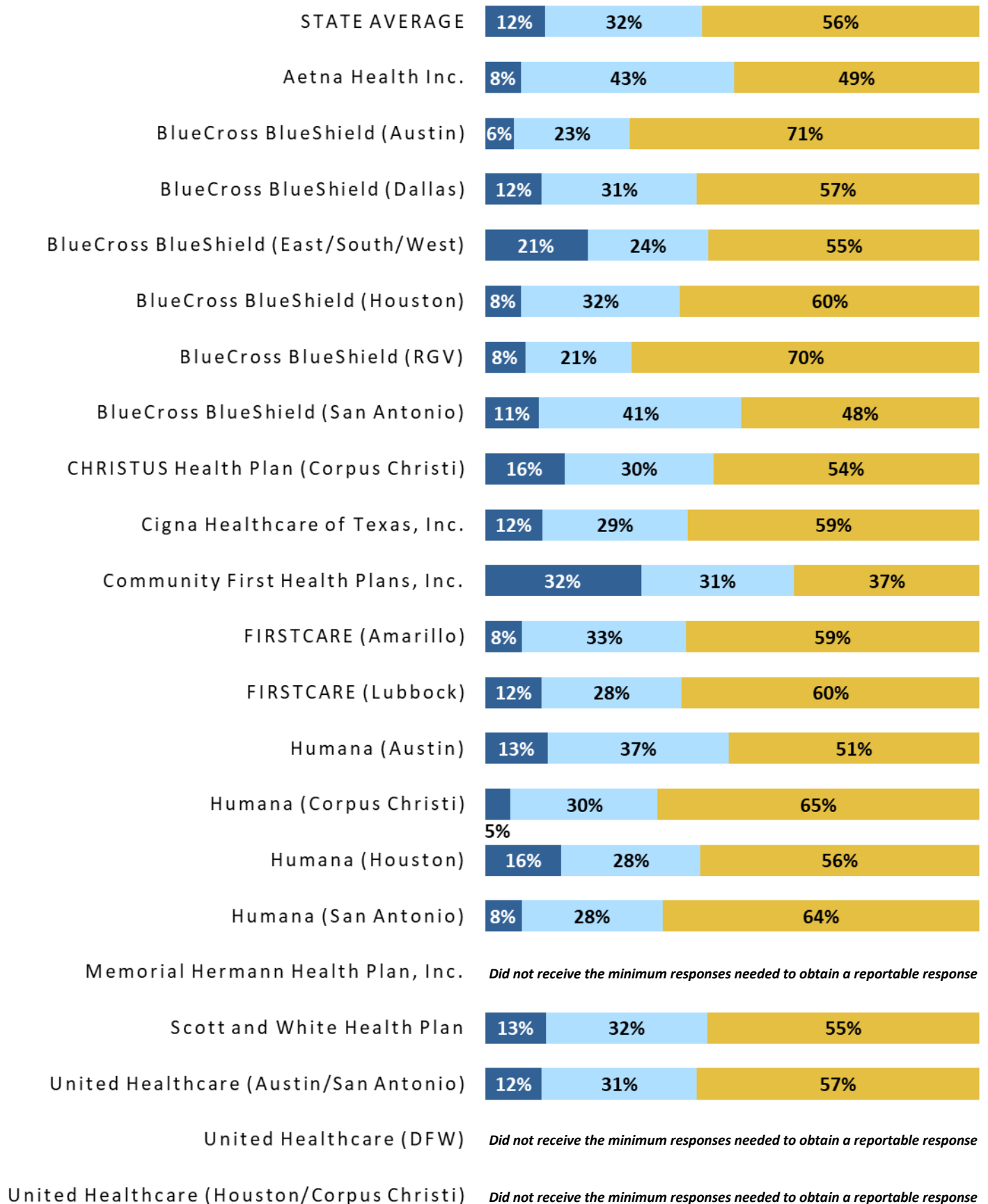


# How Well Doctors Communicate

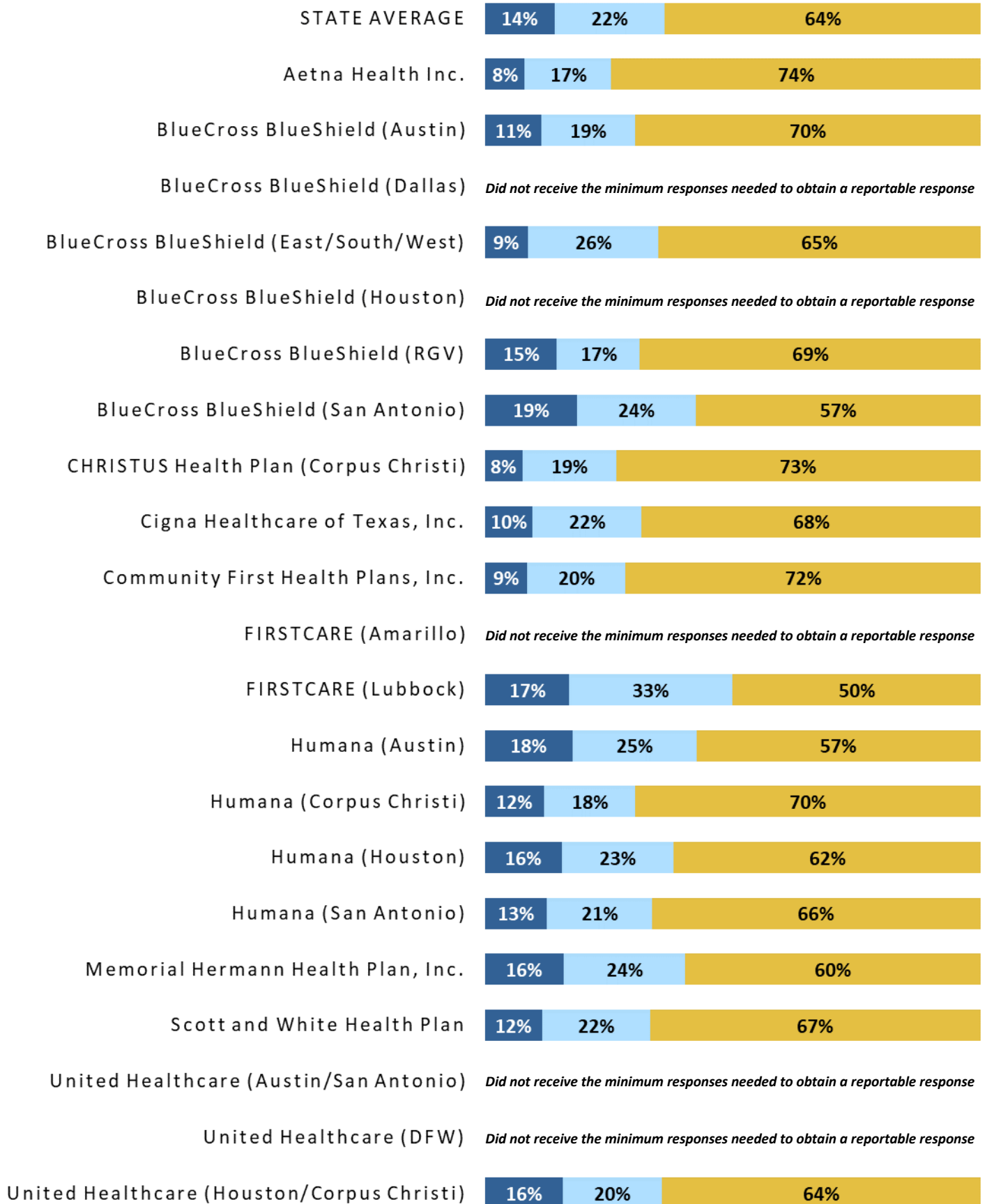




# Handling Claims Quickly and Correctly



# HMO Customer Service





## **Section 4**

*Additional Information*

# About the Survey

## *Who performed the survey?*

The CAHPS® 5.0H survey is performed by independent survey vendors certified by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting on, and improving the quality of health care. The survey comprises the consumer satisfaction measure for the Healthcare Effectiveness Data and Information Set (HEDIS®<sup>1</sup>). Texas law requires HMOs to submit HEDIS® measures, including consumer satisfaction data, to the Department of State Health Services.

## *Who was surveyed?*

The survey was sent to 38,295 adult plan members across the State of Texas. Overall, approximately 3,986 enrollees responded. Only members who were enrolled continuously in an HMO from January 1, 2020, to December 31, 2020, were eligible to complete the survey. Each survey result section contains the consumer response rate by plan.

## *How was the survey performed?*

The survey vendors administered the survey primarily by mail with a telephone follow-up of those who did not respond to the mailed questionnaire. Participants answered questions about their satisfaction with the health care services they received in the previous 12 months. The survey was voluntary and confidential.

HMO members were asked questions about their experiences with their health plans and medical care such as:

- Were your claims handled quickly and correctly?
- Were you able to get the care you needed?
- Could you get appointments quickly?
- Could you get the information you needed from your health plan?

<sup>1</sup> HEDIS® - The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

# HMO Market Share Data

This table reports HMO enrollment and market share information for the first quarter of 2021. The data on the left side of the chart indicate total enrollment for basic service HMOs. The data on the right side provide enrollment information for basic service HMOs with commercial enrollment.

HMO	Total Ending Enrollment	Total Market Share	Commercial Ending Enrollment	Commercial Market Share
Aetna Health, Inc.	27,185	0.42%	5,586	0.43%
CHRISTUS Health Plan	28,200	0.44%	23,632	1.80%
Cigna Healthcare of Texas, Inc.	5,993	0.09%	5,993	0.46%
Community First Health Plans, Inc.	178,447	2.77%	3,417	0.26%
Health Care Service Corp. (Blue Cross Blue Shield)	684,786	10.63%	624,955	47.59%
Humana Health Plan of Texas, Inc.	95,372	1.48%	91,751	6.99%
Memorial Hermann Health Plan, Inc.	6,367	0.10%	0	0.00%
Scott & White Health Plan	112,609	1.75%	33,038	2.52%
SHA, L.L.C. (FIRSTCARE)	105,668	1.64%	10,867	0.83%
Unitedhealthcare of Texas, Inc.	52,203	0.81%	52,203	3.97%
All other HMOs (including Medicare & Medicaid)	5,143,886	79.87%	461,883	35.17%
<b>TOTAL BASIC SERVICE</b>	<b>6,440,716</b>	<b>100%</b>	<b>1,313,325</b>	<b>100%</b>

Source: Texas Department of Insurance (TDI)  
HMO Financial Report  
First Quarter 2021

# HMO Plans Available Through the Federal Marketplace

As of the date of publication, the following companies are selling HMO plans through the federal marketplace:

- Aetna CVS Health
- Ambetter from Superior HealthPlan
- Baylor Scott and White Health Plan
- Blue Cross and Blue Shield of Texas
- CHRISTUS Health Plan
- Cigna Healthcare
- Community First
- Community Health Choice
- FirstCare Health Plans
- Imperial Insurance Companies, Inc.
- Moda Health, Inc.
- Molina Healthcare
- Oscar Insurance Company
- Sendero Health Plans
- UnitedHealthcare
- US Health and Life

*Please note that not all companies may sell plans in your area.*

You may purchase a plan through the federal marketplace at [www.healthcare.gov](https://www.healthcare.gov) or by calling 1-800-318-2596 (TTY 1-855-889-4325).

# State Resources

## Office of Public Insurance Counsel (OPIC)

Barbara Jordan Building  
1601 Congress Ave., Suite 3.500 Austin, TX 78701  
(877)-611-6742 | [www.opic.texas.gov](http://www.opic.texas.gov)

OPIC is an independent state agency established by the Texas Legislature to represent the interests of Texas consumers in insurance matters. OPIC represents Texas consumers in regulatory matters related to rates, rules, and policy forms. OPIC also engages in consumer outreach and education.

## Texas Department of Insurance (TDI)

P.O. Box 12030 Austin, TX 78711  
(800)-252-3439 | [www.tdi.texas.gov](http://www.tdi.texas.gov)

TDI regulates HMOs in the state, including complaints, appeals, quality of care, and financial stability. TDI has information about HMOs and health insurance in general, both in printed form and on the website.

## Texas Health Options

[www.texashealthoptions.com](http://www.texashealthoptions.com)

Texas Health Options is a website administered by TDI that serves as a resource for understanding how to find and use health insurance in Texas.

## CHIP & Children's Medicaid

P.O. Box 149024 Austin, TX 78714-9024  
(877)-543-7669 | [www.hhs.texas.gov/services/health/medicaid-chip](http://www.hhs.texas.gov/services/health/medicaid-chip)

Texas Health and Human Services offers two health insurance programs for children: Children's Health Insurance Program (CHIP) and Children's Medicaid. Applications, eligibility information, and other related information can be obtained in printed form and on the website.

## Texas Health and Human Services

4601 W. Guadalupe St., Austin, TX 78751-3146  
(877)-541-7905 or 2-1-1 | [www.hhs.texas.gov](http://www.hhs.texas.gov)

HHS has oversight responsibilities for designated HHS agencies, and administers certain health and human services programs including the Texas Medicaid Program and CHIP.

## Texas Health and Human Services Commission Office of the Ombudsman

P. O. Box 13247 Austin, TX 78711-3247  
(877)-787-8999 | [www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman](http://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman)

The Office of the Ombudsman assists consumers when the agency's normal complaint process cannot, or does not, satisfactorily resolve the individual's concerns. The Ombudsman supports inquiries and complaints about programs and services related to HHS, Department of Family and Protective Services (DFPS), and Department of State Health Services (DSHS).

## Texas Health and Human Services Medicaid Managed Care Helpline (MMCH)

P. O. Box 13247 Austin, TX 78711-3247  
(866)-566-8989 | [www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman/ombudsman-managed-care-help](http://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman/ombudsman-managed-care-help)

MMCH assists Medicaid clients who are experiencing barriers to health and long-term care services through their Texas Medicaid managed care programs: STAR, STAR+PLUS, or PCCM.

# State Resources

## **Employees Retirement System of Texas (ERS)**

P.O. Box 13207 Austin, TX 78711-3207

(877)-275-4377 | [www.ers.texas.gov](http://www.ers.texas.gov)

ERS administers health, retirement, and other benefits for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program.

## **Teachers Retirement System of Texas (TRS)**

1000 Red River Street Austin, TX 78701-2698

(800)-223-8778 | [www.trs.texas.gov](http://www.trs.texas.gov)

TRS administers health insurance and provides retirement and related benefits for active and retired employees of public schools, colleges, and universities supported by the state. TRS is the state's largest public retirement system.

## **Texas Health Care Information Collection (THCIC)**

Department of State Health Services (DSHS)

Center for Health Statistics, Mail Code 1898

P.O. Box 149347 Austin, TX 78714-9347

(512)-776-7261 | [www.dshs.texas.gov/texas-health-care-information-collection](http://www.dshs.texas.gov/texas-health-care-information-collection)

THCIC collects data from hospitals and HMOs about quality of care and makes the information available to the public.

## **Health Information, Counseling, and Advocacy Program (HICAP)**

(800)-252-9240 | [www.hhs.texas.gov/services/health/medicare](http://www.hhs.texas.gov/services/health/medicare)

HICAP is a partnership of the Texas Health and Human Services system, Texas Legal Services Center, and the Area Agencies on Aging. The program provides information on health insurance and public benefits to individuals age 65 and older and individuals with disabilities.



# Federal Resources

## **Centers for Medicare and Medicaid Services (CMS) Region VI**

1301 Young Street, Room 714 Dallas, TX 75202  
(214)-767-6441 | [www.cms.gov](http://www.cms.gov)

CMS oversees Medicare, Medicaid, the Children's Insurance Program (CHIP), HIPAA, and the Clinical Laboratory Improvement Amendments Program.

## **US Department of Labor Employee Benefits Security Administration (EBSA) Dallas Regional Office**

525 South Griffin Street, Room 900 Dallas, TX  
(972)-850-4500 | [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

EBSA administers and enforces provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). EBSA publishes numerous documents and guides to provide workers with information regarding their benefit rights.

## **United States Office of Personnel Management Federal Employees Health Benefit Program**

San Antonio Service Center  
8610 Broadway, Room 305 San Antonio, TX 787217  
(210)-805-2423 | [www.opm.gov](http://www.opm.gov)

The Office of Personnel Management publishes the Federal Employees Health Benefits Program Handbook, an annual guide on health benefit plans for federal civilian employees. The handbook compares and rates HMOs, fee-for-service, and managed care health plans available for federal workers.

## **HealthCare.gov**

1-(800)-318-2596 | [www.healthcare.gov](http://www.healthcare.gov)

Healthcare.gov is the health insurance marketplace portal available in Texas. The site allows consumers to compare and purchase health coverage. Consumers can also find information on their rights.

# Customer Service Resources

<b>Aetna Health, Inc.</b>	(800)-872-3862	<a href="http://www.aetna.com">www.aetna.com</a>
.....		
<b>BlueCross Blue Shield</b>	(972)-766-6900	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
.....		
<b>CHRISTUS Health Plan</b>	(888)-344-0602	<a href="http://www.christushealthplan.org">www.christushealthplan.org</a>
.....		
<b>Cigna Healthcare of Texas, Inc.</b>	(800)-997-1654	<a href="http://www.cigna.com">www.cigna.com</a>
.....		
<b>Community First Health Plans, Inc.</b>	(800)-434-2347	<a href="http://www.communityfirsthealthplans.com">www.communityfirsthealthplans.com</a>
.....		
<b>FIRSTCARE</b>	(855)-572-7238	<a href="http://www.firstcare.com">www.firstcare.com</a>
.....		
<b>Humana</b>	(800)-457-4708	<a href="http://www.humana.com">www.humana.com</a>
.....		
<b>Memorial Hermann Health Plan, Inc.</b>	(713)-222-2273	<a href="http://www.memorialhermann.org">www.memorialhermann.org</a>
.....		
<b>Scott and White Health Plan</b>	(844)-633-5325	<a href="http://www.bswhealthplan.com">www.bswhealthplan.com</a>
.....		
<b>United HealthCare</b>	(866)-414-1959	<a href="http://www.uhc.com">www.uhc.com</a>



Please send questions or comments to:

**Office of Public Insurance Counsel**

Barbara Jordan Building

1601 Congress Ave., Suite 3.500 Austin, Texas 78701-3942

(512)-322-4143 | toll-free at 1-(877)-611-6742  
[help@opic.texas.gov](mailto:help@opic.texas.gov) | [www.opic.texas.gov](http://www.opic.texas.gov)